The Congress at Helsingfors

By JEAN E. BROWNE, Reg.N.

IT is no easy task to give the members of the Canadian Nurses' Association an adequate report of the great Congress of the International Council of Nurses held in Helsingfors July 20th-25th, chiefly because there was woven into that week a prevading atmosphere that belongs to Finland, graciousness that springs from kindliness of spirit, and deep cultivation of mind. Finland has captured the imagination of even the unpoetic Anglo-Saxon representatives, some, at least, of whom went to the Congress in a business-like spirit, and came away realizing that there is something infinitely bigger and better in the International Council than its Constitution and procedure.

The Congress swung round the personality of a great woman, Baroness Sophie Mannerheim, Past President of the International Council of Nurses, and now an Honorary President. If for no other reason, it was well worth the while of any nurse to travel round the world to meet this Queen of women—**one who has reached the fulfillment of those ideals toward which the rest of us are striving.** She is tall, commanding, superb, with keen intellect and nimble wit and a heart so kind that she seems to gather everyone into its beneficent shelter. Finland may indeed measure its greatness by having produced such a woman, and the nurses of the world are honoured in having her as their President.

The fifty Canadian nurses who attended the Congress will, we think, remember Finland chiefly for its sweet music, its invigorating atmosphere, its constant sunshine through the day and its twilight nights, for its sincere hospitality, for the extraordinarily efficient management of the Conference by the nurses themselves, for the distinctive and attractive street uniforms of the Finnish nurses, and for the spirit of international friendliness evidenced throughout the whole week.

Finnish people have the rare combination of keen intellect and poetic temperament. Finland is said to have a higher proportion of educated people than any country in the world. Certainly, they can sing; and they were generous enough to give us rare musical treats many times. On the afternoon of the first day, a special service was held in the Church of St. Nicholas. On this occasion a new composition by the Finnish Composer Sibelius was given in honour of the Congress, and the Bishop read the service in English, a great tribute to the English-speaking nurses. Later in the week at a luncheon given by the National League of Finnish Nurses, a song written specially for the Congress was sung for the first time, and copies of it, with the English translation set to the music, were given to the guests as souvenirs. We hope to reproduce this in "The Canadian Nurse," and we think it would be delightful if all Canadian nurses would learn to sing it. Another feature of the musical entertainment was the choir of "little white nurses." One wonders what other country could produce a nurses' choir. We shall always have occasion to remember "Suomen Laulu," a voluntary choir organization, founded in 1900 by Professor Klemetti. It was originally a male choir, but was later re-organized into a mixed choir. Professor Klemetti is the present conductor.

On the evening of the first day, a dinner was given by the Finnish Nurses' Association of which Baroness Mannerheim is President. At this banquet Honorary Membership in the Finnish Nurses' Association was conferred on Mrs. Bedford Fenwick (England), Miss Huxley (Ireland), Sister Agnes Karll (Germany), Miss M. A. Snively (Canada), Miss Anna Maxwell (U.S.A.), Miss Clara Noyes (U.S.A.), Miss Goodrich (U.S.A.), Miss Nutting (U.S.A.), Dr. Anna Hamilton (France) and Miss Varvey Mejan (Holland). Notable among those who made after-dinner speeches, was Mrs. Rebecca Strong of Glasgow, a nurse who celebrated her eighty-second birthday at Helsingfors. Those who fear old age should learn the lesson of life from Mrs. Strong. She is not at all daunted by her years. Indeed she has the vigour and charm which endure in spite of years and, among many outstanding speakers, she easily led, both in the strength and clearness of ideas, and in the beauty and precision of her English. When this charming little Scotswoman rose to speak, her audience invariably paid her the tribute of absolute silence, not so much out of deference to her age, but because she always had something entirely worth while to say.

The feeling of the Conference was probably at its highest pitch on Friday night when five new National members were welcomed into the International Council. These were:—France, Bulgaria, Poland, the Irish Free State and Cuba. Mlle. Chaptal, President of the National Association of the Trained Nurses of France, was welcomed into the Council by the President of the Canadian Nurses' Association; the President of the Bulgaria Nurses' Association was welcomed by the President for Holland; Poland was welcomed by the United States, and the Irish Free State by Mrs. Rebecca Strong of Scotland. Unfortunately, there was no representative from Cuba to receive felicitations. Each of the representatives of the new National members was presented with a hugh bunch of roses after the words of welcome, and immediately following, a Finnish orchestra played the National Anthem of that particular country. Those of us who have grown up in our professional life, taking for granted our membership in the International Council, scarcely realize how much it means to countries just now entering. Perhaps the meaning can best be grasped by quoting the words of Mlle. Chaptal, a daughter of old France, with all that implies, when she said "This is the proudest moment of my life," or from the youthful orator from Poland who thrilled us all with her glowing enthusiasm.

It was appropriate that following this ceremony, greetings should have been received from the older National Associations. Great Britain and Ireland were represented by Mrs. Rebecca Strong and Miss Margaret Huxley; the United States by Miss Maxwell; Germany by Sister Agnes Karll and Canada by Miss Snively. Since Miss Snively was not present, her greetings were read by Miss Gunn.

The last day, Saturday, was a mixture of meetings and merry-making. A boat ride through the harbour of Helsingfors was a great treat. An offshoot of this outing, was a re-union of the International Nurses' Alumnae (League of Red Cross Societies) at an exceptionally happy luncheon. Eight countries were represented. The week ended by a banquet of 600 covers after which the new officers made their bows, and greetings were given by a representative of each of the continents.

All the general meetings of the Conference were held in the National Theatre, and, at night, when the meetings were open to the public this great auditorium was filled. All other meetings were held in the

Saatytalo—Standerhuset—a dignified and beautiful building which was given over as Headquarters for the Conference. Two large rooms were used for exhibits, and Canadians may perhaps be pardoned for their pride in both the quantity and quality of the Canadian exhibit. To Miss Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal, belongs the credit of having assembled the exhibit from all the provinces of Canada, and for having it safely packed, and despatched by steamship. It was she, too, who had all the worry of its failure to arrive until the morning on which the Conference opened, and the compensating joy of seeing it all in place by 9.30 a.m. Monday, July 20th. We were all deeply grateful to the members of the Exhibit Committee in Helsingfors and in particular to Miss Nanna Hall for having set it up so beautifully for us.

In the same room with the Canadian exhibit, were exhibits from Australia, France, New Zealand, Poland and England. Our exhibit occupied about two-thirds of the space. A large Union Jack was suspended from the middle of the room, and smaller ones were distributed in various parts. A Canadian pupil nurse dressed in uniform graced the centre of the table.

The V.O.N. Exhibit was very attractive. A doll dressed in the outdoor uniform attracted attention at once, and so did the large size photograph of the "Bonniest Baby in the British Empire Competition of 1924," won by a Canadian baby. A map of Canada was marked to show the distribution of V.O.N. work, and photos of nurses, and a collection of the forms used, gave a vivid picture of the activities of the organization.

The Junior Red Cross exhibit occupied a part of the right-hand side of the room, and consisted of a large organization chart, mounted photographs of Juniors at work and Health Posters. In another part of the room, charts and posters showed Red Cross Outposts and Home Nursing Activities, and various Red Cross publications were on display on the large central table.

The publications of the Federal Department of Health were displayed, and there were attractive exhibits from the Provincial Departments of Health of New Brunswick, Ontario, Manitoba, Saskatchewan, and British Columbia. In addition to the photographs of health activities, there were a few large size sepia photographs of some of New Brunswick's beauty spots. This, we thought, a happy idea. In addition to the provincial exhibits, there were descriptive folders of the University of Dalhousie Public Health Clinic, and Red Cross public health work in Prince Edward Island.

The Training School folders were an excellent feature of the exhibit. These represented nursing schools in Alberta, Saskatchewan, Manitoba, Ontario and Quebec. Both English and French-Canadian training schools were shown in the folders from Quebec. All the Ontario folders were bound in a uniform blue vellum cover with the printed caption "C.N.A. Nursing Education Section, Province of Ontario, Canada." Saskatchewan had a uniform cover of brown kraft with old English caption. Somewhat similar brown kraft covers encased the Saskatchewan exhibits of the Government Public Health Department, the Regina City Health Department, Nursing Housekeepers in Saskatchewan, Department of Indian Affairs, Child Welfare, Junior Red Cross, Nursing Outposts, Home Nursing, and the School Hygiene Branch of the Saskatchewan Department of Education. Mention must also be made of the splendid exhibits of the Medical Inspection Department of the Winnipeg Public Schools and the Social Service Department of the Winnipeg General Hospital.

For Canadian nurses, the Canadian luncheon was an event, for we had as our honoured guests, Baroness Mannerheim and Miss Reimann. Baroness Mannerheim spoke to us in such an intimate way, that we felt as if she belonged to us almost as much as to Finland. The chief decoration was a Finnish flag and a Union Jack, while the place cards bore the design of the two flags with the standards crossed. Before the close of the luncheon, a book was passed around for each nurse to sign. The first signature was that of Baroness Mannerheim. This book together with a photograph of the group will be forwarded to our National Office to be kept in the archives. The idea for the luncheon, and all the details of carrying it out, we owe entirely to Miss Gunn.

Since the proceedings of the Conference will be published in book form and will shortly be available at cost price, it does not seem necessary to attempt to give a detailed account of them here, but rather to call attention to some important issues.

Members of the C.N.A. Executive will recall that the Committee on Revision of the Constitution advised bringing into existence an Associate Membership, in the International Council. The motion to delete this clause was made by the C.N.A. and seconded by the National Council of Great Britain, and was carried by a large majority in both the Executive and Grand Council. An amendment to the proposed Constitution to limit each country to one National Association as a member of the International Council was made by the National Council of Great Britain and seconded by the C.N.A. and was carried. These two principles are undoubtedly the most vital in the Constitution of the International Council. The new By-Laws authorize the Board of Directors to establish Headquarters for the International Council and to engage a paid secretary. In order to finance this undertaking, a per capita levy of 5 cents has been agreed on, the Board of Directors having power to modify this sum in countries where the exchange is extremely unfavorable. The work on the Constitution and By-Laws was extremely arduous; so much so, that the members of the Executive usually left Headquarters between 2 and 3 a.m., and retired as the first flush of sunrise was appearing in the east, only to be back at Headquarters again at 8 or 8.30 a.m. This is not mentioned in the hope of eliciting sympathy but simply to show that a great deal of necessary business was transacted, and although amendments will have to be made from time to time to keep pace with developments, still we think that the present Constitution and By-Laws will serve the International Council for many years to come.

There were two invitations presented to the Grand Council for the next meeting which will take place four years hence, one from Canada, and one from China. A little Chinese nurse made a most touching appeal for the next Congress to go to China, stating that China needed the help of her big sisters in the International Council. She was ably supported by Miss Gage and Miss Simpson, American nurses who have been working in China for years. When put to the vote in the Grand Council, the invitation from China was accepted.

The following officers have been elected for the next four years: President, Miss Nina Gage, China; First Vice-President, Miss Clara Noyes, U.S.A.; Second Vice-President, Miss Jean Gunn, Canada; Treasurer, Miss Musson, Great Britain; Secretary, Miss Reimann, Denmark.

In addition to these officers, the President of each National member is ex-officio a member of the Board of Directors.

BARONESS MANNERHEIM

Retiring President of the International Council of Nurses.

Arrangements for the Congress

To the Members of the Canadian Nurses' Association.

After discussing the form in which to present the report of the Congress of the International Council of Nurses, it was decided to publish a general outline of the Congress followed by a more detailed report of the proceedings.

The President has written the general impressions of Congress week and the following reports give a very brief outline of the Congress from the business and social standpoints. The whole proceedings are being printed and will be available for purchase by all members of the Canadian Nurses' Association.

Signed,
JEAN I. GUNN, Reg.N.,
Official Delegate.

For many months previous to the opening of the Congress, the nurses of Finland had been preparing to make the Congress one of the most successful ever held and to make perfect arrangements for the detailed management of the many meetings, social functions, transportation and lodgings. The members left at the end of the Congress feeling that they had had a very valuable practical training in the management of a large Congress.

The Committee on Arrangements was subdivided into Sub-Committees as follows: Committee on Entertainments, Chairman, Sonja Koreneff; Committee on Exhibition, Chairman, Aili Engelberg; Committee on Lodgings, Chairman, Emma Astrom; Committee on Meals, Chairman, Hellin Saurio; Committee on Order, Chairman, Venny Snellman; Committee on Local Programme, Chairman, Olga Lackstrom; Committee on Propaganda, Chairman, Kyllikki Pohjala; Committee on Publication, Chairman, Helga Hartman; Committee on Sight-Seeing, Chairman, Lyyli Hagan; Committee on Travelling, Chairman, Tyyne Luoma.

The Congress was under the patronage of the President of the Republic of Finland and the Congress Headquarters was a beautiful building loaned for the purpose by the Government of Finland.

The meetings of the Grand Council and Executive Committee were held at Headquarters. All general meetings were held at the National Theatre which was rented for the purpose. The expenses of the Congress were entirely paid for by the nurses of Finland. For several months before the Congress the nurses in different sections of Finland raised funds in different ways to give as their contribution to the general funds. Many kinds of entertainments, bazaars, teas, etc., were organized by the nurses and a very satisfactory sum realized. In addition, the Government of Finland gave 125000 marks and the Municipality of Helsingfors 25000 marks. The Government of Finland and the Municipality of Helsingfors assisted also by entertaining members as guests in the state hospitals and in the hospitals of the municipality. Donations were also received from private donors who were interested in the success of the Congress.

The Committee on Publication defrayed all expenses of the official programme by collecting advertisements from local firms. These advertisements were indicative of the

interest the citizens as a whole took in the Congress. The League of Red Cross Societies contributed very largely and in a practical way by loaning the services of one of their secretarial staff to report all meetings of the Congress.

THE CONGRESS HEADQUARTERS

The members on arrival, whether by train or boat, day or night, were met by members of the Arrangements Committee. On registration at Congress Headquarters each member was given a very compact folder containing programme, all invitations to social functions, circulars of instructions and other information. This folder also contained an arm band on which was printed the name of the country from which the member came, a badge, the different colours designating whether the wearer was an officer, delegate or member and a very pretty pin specially designed for the Congress and having the letters I.C.N. in the Congress colours, blue and white.

The Bureau of Information was extremely well organized and conducted throughout the whole week of the Congress and straightened out many difficulties for the visiting members.

This outline of the arrangements would be most incomplete if it did not mention that for many months preceding the Congress the Finnish nurses gave a great deal of time to the study of English so as to be able to speak and give the necessary assistance to the English speaking members of the Council. All members attending were very much impressed with the fact that all the Finnish nurses spoke English and all appreciated deeply the great courtesy shown the English-speaking nurses.

General Sessions of the Congress

On July 20th, there were two opening sessions. The first was a Musical Service held in the Church of St. Nicholas at 4 p.m. The Bishop, the Rev. Jaakko Gummerus addressed the nurses. The first number of the musical programme was given by the Finnish Nurses' Choir and the rest of the programme was given by the Choir—"Suomen Laulu." The nurses were most honoured by having the first performance of an unpublished composition by the Finnish Composer, Jean Sibelius—Liturge—"The Lord is my Shepherd."

The regular opening session was held at 8.30 p.m. with the President, Baroness Mannerheim presiding. Addresses of welcome were given by representatives of the Town Council of Helsingfors, the Medical Profession of Finland, the International Council of Women and the International Woman Suffrage Allianee. The response to the addresses of welcome was made by the President.

A paper on the Trained Nurses' Part in Peace, by Mrs. Bedford Fenwick, was read by Miss Pearse, who was an official delegate from the National Council of Trained Nurses of Great Britain.

The second general session held July 21st, at 10 a.m. was a business meeting at which reports from the Secretary and Treasurer were read and also reports of the standing Committees—Programme, Miss Isabel Stewart, Convener; Eligibility, Miss Noyes, Convener; Revision of Constitution and By-Laws Committee, Miss Noyes, Convener.

The Treasurer's report showed a balance on hand of £159 19s. 4d.

As a result of the report of the Eligibility Committee, the national associations of the following countries were accepted as active members: France, Bulgaria, Poland, Cuba and the Irish Free State; Latvia, Esthonia, Korea and Czecko-Slovakia were each given the privilege of appointing an Associate National Representative.

The Committee on the Revision of the Constitution and By-Laws presented to the Grand Council for discussion very comprehensive recommendations. The proposed Constitution and By-Laws were discussed clause by clause and in addition amendments were presented by the different national organizations. The Grand Council met several times for the transaction of this business and the following summary includes the principal clauses adopted:

Membership. There is only one type of membership for nursing organizations. Any national organization of nurses may become an active member of the International Council of Nurses provided their Constitution and By-Laws are in harmony with those of the International Council.

In countries where there is no national organization of nurses or if the existing national organization does not meet all the requirements for membership, an associate national representative may be appointed by the nurses of that country. Associate national representatives are permitted to attend the meetings of the Grand Council with full voting power.

Board of Directors. A President, First and Second Vice-Presidents, Treasurer, Secretary and National Representatives. The Presidents of National Organizations of Nurses which are active members of the International Council are known as National Representatives. This

clause provides each active member with a representative on the Board of Directors.

The Grand Council. The voting body at each Congress is known as the Grand Council and is composed of the Board of Directors and the accredited delegates from each country holding active membership and the regularly appointed associate national representatives.

Representation. Each National Organization shall be entitled to five delegates, one of whom is the president. It will be seen by this clause that all associations have equal membership regardless of the total number of members.

Standing Committees. Membership, Programme, Arrangements, Publication, Nominating, Revision of Constitution and By-Laws, Finance, Education, Public Health Nursing, Private Duty Nursing. Provision was also made for any one of the last three committees to develop a section with the permission of the Board of Directors. It was decided that nomination for all standing committees except the Committee on Arrangements would be sent to the Secretary of the International Council of Nurses by each national organization and from these nominations the Board of Directors would appoint all standing Committees.

Voting. Provision was made for the National Representatives to be represented by a proxy at meetings of the Board of Directors. It was decided that at the meetings of the Grand Council each delegate would be allowed to cast only one vote except in case of the election of officers when the delegates present from any national organization holding active membership would be allowed to cast all the votes to which the organization is entitled.

NATIONAL THEATRE, HELSINGFORS

Fees. The annual dues for each active member is to be five cents per capita paid semi- annually in advance.

Meetings. The International Council will hold quadrennial Congresses.

International Headquarters. The Board of Directors was instructed by the Grand Council to establish International Headquarters with a full time paid secretary and the necessary clerical assistance.

The third general session held at 2 p.m., July 21st, was to have had Mrs. Bedford Fenwick of Great Britain as presiding officer. In her absence Miss Pearce of Great Britain presided.

Reports of the work of the national organizations were given by the representatives. These reports were most interesting and brought out very noticeably that the problems of the different countries are very similar, and that many are still endeavouring to secure proper professional status for the nurse through registration, while others are trying to improve the registration regulations already enforced.

The evening session was a lecture and a demonstration on Sir Frederick Truby King's methods of Child Welfare Work. The lecture was given by Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand. The lantern slides illustrating the work in New Zealand gave a very clear picture of the beginning and the development of the methods of work adopted by Sir Frederick Truby King.

The session on the morning of July 22nd, was devoted to the subject of teaching in training schools for nurses, including the report of the Standing Committee on Education of the International Council. The other subjects discussed were: Adapting the Basic Nursing Curriculum to Local Needs, Relationship of the School of Nursing to the Hospital, and Methods of Teaching Practical Nursing in the Hospital Ward.

The subject under discussion at the evening session was Nursing Publications. The professional nursing magazine was discussed from several standpoints and the general impression was to the effect that a nursing journal to be a successful publication should be considered indispensable by the nurses. To accomplish this the journal must be sufficiently instructive and attractive to satisfy all its readers.

The session on the morning of July 23rd, with Miss Jean Browne presiding, was devoted to Public Health Nursing. The first topic the "New Emphasis in Public Health Nursing" was dealt with most ably by Mary S. Gardner, the distinguished author of "The Public Health Nurse." It is interesting to note that her book has recently been translated into French. The "Preparation of the Public Health Nurse" was dealt with by Miss Evelyn Walker and the session ended with a witty and interesting address by Miss Alma Haupt, Director of Nursing of the Commonwealth Fund of Austria on "Types of Organizations in Public Health Nursing." Each of these papers was ably discussed in five minute periods.

In the afternoon, Sister Agnes Karll of Germany presided, and the special fields of nursing were discussed, including Private Duty Nursing, Midwifery, Mental Hygiene, Tuberculosis Nursing and Nursing in Prisons.

The evening session was an open meeting when the "Nurses Place in the World's Health Movement" was discussed from several standpoints. Mr. E. Mandelin, Secretary-General of the General Mannerheim League of Child Welfare in Finland, discussed the work of the League. Miss Goodrich gave a paper on the International Aspects of Nursing Education and Dr. Rene Sand, Secretary-General of the League of Red Cross Societies, gave an outline of the relationship of the Red Cross to Nursing Education and development.

The morning session, July 24th, was presided over by Countess

Louise d'Ursel of Belgium. The subject under discussion was Nursing Legislation with all its many complications such as Reciprocity, Inspection of Nursing Schools and recent progress in legislation.

The general session in the evening had the President, Baroness Mannerheim in the Chair. The session was devoted to welcoming the newly accepted national organizations into active membership. France, represented by Mlle. Chaptal, was welcomed into membership by Canada, represented by the President of the Canadian Nurses' Association, Miss Jean Browne. Poland, represented by Miss Komorska, was welcomed by Miss Eldredge, President of the American Nurses' Association. Bulgaria was represented by Miss Dobrewa and was welcomed by Miss Verwey Mejan, late President of Nosokomos, Holland. The Irish Free State, represented by Miss Alice Reeves was welcomed by Mrs. Rebecca Strong of Scotland. Cuba had no representative present to receive the membership enrolment. Each representative was presented with flowers tied with the national colours of her country and the orchestra played the National Anthem of each country following the formal membership acceptance. This session was made most interesting by the greetings given to the Congress by some of the older members who had been responsible in the early days of organization for the success of the International Council. Among those greetings was a letter from Miss M. A. Snively who was one of the early pioneers in the International Council of Nurses.

The banquet held on Saturday night was really the closing session of the Congress. The evening was most enjoyable and very interesting. Representatives from the different continents gave short addresses in which they conveyed the greetings of the nurses to the Congress and all the members present felt the truth of the old saying that nursing has no natural boundaries. Asia was represented by Lillian Wu, Superintendent of Nurses of the Red Cross Hospital, Shanghai, China; Australasia by Janet A. Moore, Instructor, Otago University, New Zealand; America by Clara D. Noyes, National Director of the Nursing Service of the American Red Cross, Washington, D.C.; Africa by Bella Gordon Alexander, Hon. General Secretary of the South African Trained Nurses' Association, Johannesburg; and Europe by Charlotte Munck, Matron, Bispegjaerg Hospital, Copenhagen, Denmark.

The Committee on Resolutions reported at this session expressing very grateful appreciation to all who had assisted in making the Congress so successful and in welcoming and entertaining the visiting members.

The newly elected members of the Board of Directors were introduced by the retiring president, Baroness Sophie Mannerheim; President, Miss Nina Gage; First Vice-President, Miss Clara D. Noyes; Second Vice-President, Miss Jean I. Gunn; Treasurer, Miss Musson; Secretary, Miss Christiane Reimann.

It was announced by the President that the Grand Council had decided to hold the next meeting of the International Council in China in 1929.

The Registration of Nurses at the Helsingfors Congress

Austria 4, Australia 1, Belgium 8, Bulgaria 2, Czecko-Slovakia 1, Canada 60, China 4, Denmark 40, Esthonia 16, England, Scotland and Ireland 32, France 8, Finland 500, Germany 25, Greece 2, Holland 36, Hungary 2, Italy 1, Iceland 2, India 1, Japan 2, Latvia 3, Norway 40, New Zealand 8, Porto Rico 1, Poland 4, Russia 4, Sweden 44, South Africa 5, Switzerland 8, United States 203.

There were thirty-two countries represented with a total enrolment of 1064.

EXHIBIT FROM CANADA

The Round Tables of the Congress

The Round Tables were usually held from 9 to 10 in the morning before the general session opened. The Round Tables dealt with all branches of nursing and were conducted by nurses representing many different countries. The members dividing into small groups to discuss a special question gave each member an opportunity of hearing the discussion of the subjects in which she was most keenly interested. These informal discussions proved very helpful to the members and gave an opportunity for an interchange of ideas as well as for learning how the different countries were dealing with the problems common to all.

The subjects discussed were: Position of the Matron or Superintendent of Nurses; The Duties and Preparation of Teachers and Supervisors; Nursing under Government Auspices; The Nurse in Community Health Work; How Lay People Best Co-operate with the Nursing Profession in the Advancement of Nursing Education; University Schools of Nursing; New Ideas and Devices in the Nursing Care of the Patient; Newer Developments in Child Welfare Work; Organization of the Nursing Service of the Red Cross; Text and Reference Books for Nurses; How to Start Public Health Nursing in a New Country; Nursing Economics; Training and Control of Midwives; How to Interest Young Women in Nursing; Professional Ethics; Subsidiary Groups in Relation to Nursing Service; The Nurse in Social Service; School Nursing and Health Education in Schools.

The Social Side of the Congress

The nurses of the Congress were specially honoured in being received by the President of Finland and his wife in the beautiful state rooms of Government House and each of the legations issued invitations for tea to the nurses of their respective countries. The Municipality of Helsingfors entertained at a delightful afternoon function in Folison, a charming park on an island where one saw the costumes, handicrafts and dwelling places of the Finnish peasants. The programme of this garden party was given by the Brage Society, an organization to revive and preserve the national culture in Finland. The Finnish Red Cross Society entertained the nurses at a charming evening reception in Casino de Brando.

In addition to these official entertainments, the following delightful social functions were given for the nurses: Banquet by the Nurses' Association of Finland; Luncheon by the National League of Trained Nurses of Finland; Luncheons at the various hospitals; Boat ride in the harbour of Helsingfors; a Banquet at the Brunnshuset.

THE CANADIAN LUNCHEON AT HELSINGFORS

By GRACE M. FAIRLEY, Reg.N.

Probably to members of the C.N.A. present at the International Congress no event created greater interest or stirred the emotions more than the luncheon which took place on Thursday, 23rd July, at the Hotel Societetshuset. One must picture the truly foreign atmosphere of Helsingfors to appreciate fully what it meant to find oneself—one of fifty Canadian nurses, sitting at a table with the President, Miss Jean Browne, at the head—so far from home and yet so much at home. As our guests we had Baroness Sophie Mannerheim, the honoured International President, who sat at Miss Browne's right, and also Miss Reimann, the secretary. Miss Browne received the members and presented them to the International President (who was the recipient of an exquisite bouquet of roses).

The tables were beautifully decorated with purple and yellow iris, and at the head table were small Canadian and Finnish flags. The place cards had the flags of both countries in the corner, which gave a charming international touch to the whole.

In welcoming the guests and members, our President referred with appreciation to the hospitality we had enjoyed at Helsingfors. She also referred to the arrangements of the luncheon, which were carried out entirely by the effort of Miss Jean Gunn, who in her usual amusing way told of the lingual effort in procuring the cards!

The whole setting was delightful, and it will long remain a very pleasant memory to those privileged to be present.

Canadian Nurses at Helsingfors

Jean E. Browne	Director of Junior Red Cross, Canada; Official Delegate Canadian Nurses' Association.
Jean I. Gunn	Superintendent of Nurses, Toronto General Hospital; Official Delegate, Canadian Nurses' Association, also Representative of Florence Nightingale Association, Toronto.

REPRESENTING LOCAL NURSES' ORGANIZATIONS

Janet Allison	Staff nurse, Department of Public Health Nurses, Toronto; Representing Department of Public Health Nursing, Toronto.
Catherine E. Armour	Instructress of Nurses, Jeffery Hale's Hospital, Que.; Representing Jeffery Hale's Hospital Alumnae Association.
Edith Campbell	District Superintendent, Victorian Order of Nurses, Toronto; Representing Toronto Branch Victorian Order of Nurses.
Beatrice L. Ellis	Superintendent of Nurses, Western Hospital, Toronto; Representing Western Hospital Alumnae Association.
Grace Fairley	Superintendent of Nurses, Victoria Hospital, London; Representing Victoria Hospital Alumnae Association.

Mabel F. Hersey	Superintendent of Nurses, Royal Victoria Hospital, Montreal; Representing Royal Victoria Hospital Alumnae Association.
Margaret Kelman	St. Elizabeth's Visiting Nursing, Toronto; Representing St. Michael's Hospital Alumnae Association, Toronto.
Ida McAfee	Assistant Superintendent of Nurses, Western Hospital, Toronto; Representing Rochester Homeopathic Hospital Alumnae Association.
Christina Macleod	Superintendent of Nurses, Brandon General Hospital; Representing Manitoba Association of Graduate Nurses.
Margaret L. Moag	District Superintendent, Victorian Order of Nurses, Montreal; Representing Victorian Order of Nurses, Montreal.
Margaret Murdoch	Superintendent of Nurses, General Public Hospital, St. John, N.B.; Representing the New Brunswick Association of Registered Nurses.
Agnes C. Sargeant	Victorian Order of Nurses, Cornwall; Representing Victorian Order of Nurses of Canada.
F. M. Shaw	Director, School for Graduate Nurses, McGill University; Representing Association Registered Nurses of Quebec.
Elizabeth Smellie	Chief Superintendent, Victorian Order of Nurses; Representing Victorian Order of Nurses for Canada.
S. E. Young	Superintendent of Nurses, Montreal General Hospital; Representing Montreal General Hospital Alumnae Association.
Mary A. Young	Night Superintendent, Hamilton General Hospital; Representing Oshawa General Hospital Alumnae Association.
Ella A. Addy	St. John, N.B.; Living at home.
Jane Ahn	St. Elizabeth's Visiting Nursing, Toronto.
Edna M. Auger	Supervisor of Nurses, Medicine Hat General Hospital, Medicine Hat, Alberta.
Lyla C. Belding	General Public Hospital, St. John, N.B.
H. F. M. Bowman	Superintendent, Women's College Hospital, Toronto.
Mary E. Burgess	Private Nursing, Toronto.
Ada M. Byfield	Private Nursing, Spring Lake.
Florence E. Coleman	Superintendent of Nurses, St. John County Hospital, St. John, N.B.
Mabel Darville	Head Nurse, Royal Victoria Hospital, Montreal.
Isabel Davies	Supervisor, Operating Room, Montreal General Hospital, Montreal.
Catherine M. Ferguson	Superintendent of Nurses, Alexandra Hospital, Montreal.
Lilly N. Gray	Victorian Order of Nurses, Montreal.
Dorothy Hadrill	Private Duty, Montreal.
Ella Rae Hirst	Private Duty, Cornwall.
Emma V. Himmler	Living at home.
Agnes Jamieson	Private Duty, Montreal.
Marie Kirkpatrick	Public Health Nursing, St. Stephens, N.B.
Jean Malcolm	Private Duty, Winnipeg.
Kathleen Manson	Staff Nurse, Royal Alexandra Hospital, Edmonton, Alberta.
Grace R. Martin	Instructress, Royal Victoria Hospital, Montreal.
H. A. MacKay	Industrial Nursing.
Katharine McKinnon	Public Health Nursing, Toronto.
Stella Murphy	St. Stephens, N.B.
Aileen McKinnon	Private Duty, Toronto.
Carolyn H. Murray	Living at home.
M. W. Reynolds	Industrial Nursing, Niagara Falls.
Helen M. Rogers	Royal Victoria Hospital, Montreal.
Anita Ross	Head Nurse, Royal Victoria Hospital, Montreal.
Bertha Tooke	Living at home.
Barbara R. Widder	Private Duty, Montreal.

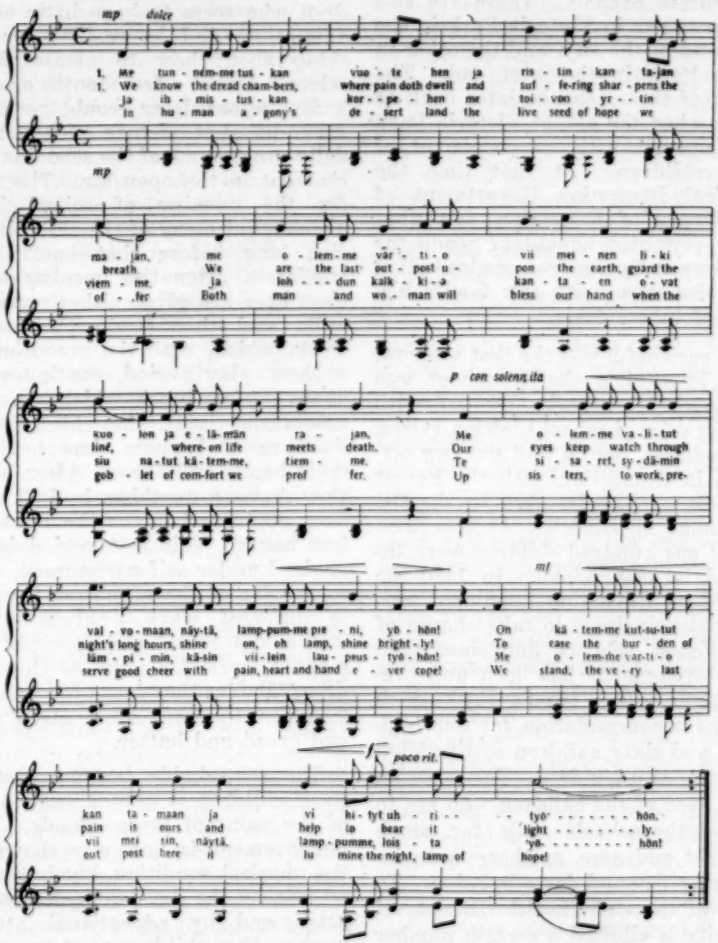
Special Note: The official registration showed sixty nurses registered from Canada, but owing to the difficulty of reaching all the nurses in order to secure the necessary information, this list is not complete. Any Canadian nurse who attended the Congress and whose name is not included in this list, is asked to send the necessary information to the Executive Secretary so that her name may be added to the list at the National Office, Winnipeg, Man.

V. A. KOSKENNIEMI

SISARPIIRIN LAULU

V. A. KOSKENNIEMI

SONG OF THE NURSES

Yrjö Kilpinen

Andante, poco marciale
mp dolce
1. Me tun - nem-me tus - kan vuo - te hen ja ris - tin - kan - ta-jan
1. We know the dread cham-bers, where pain doth dwell and suf - fe-ring shar - pens the
Ja ih - mis - tus - kan kor - - pe - hen me toi - von yr - - tin
In hu - man a - gony's de - sert land the live seed of hope we
ma - jan, me o - lem - me vär - ti - o vii mei - nen li - ki
breath We are the last out - post u - pon the earth, guard the
viem - me, ja loh - - - dun kalk - ki - a kan - ta - en o - vat
of - fer Both man and wo - man will bless our hand when the
p con solennita
kuo - len ja e - lä - män ra - jan. Me o - lem - me va - li - tut
line, where- on life meets death. Our eyes keep watch through
siu na - tut kä - tem-me, tiem - me. Te si - sa - ret, sy - dä-min
geb - let of com-fort we pref fer. Up sis - ters, to work, pre-
mf
val - vo - maan, näy-tä, lamp-pum-me pie - ni, yö - hön! On kä - tem-me kut-su-tut
night's long hours, shine on, oh lamp, shine bright - ly! To ease the bur - den of
läm - pi - min, kä-sin vii - lein lau - peus - työ - hön! Me o - lem-me var-ti - o
serve good cheer with pain, heart and hand e - ver cope! We stand, the ve - ry last
f poco rit.
kan ta - maan ja vi hi - tyt uh - ri - - - työ - - - - - - - hön.
pain is ours and help to bear it light - - - - - - - - ly.
vii mei - sin, näytä, lamp - pumme, lois - ta 'yö - - - - - - - - hön!
out post here it lu mine the night, lamp of hope!

Forest Schools in Toronto

By ANNA G. DOVE, Reg.N.

One of the interesting things, from a health standpoint, to be seen in Toronto each year from May till October, is the work being done in its Forest Schools. There are two of these, one in Victoria Park in the east end of the city, and the other in High Park in the west end. The work of these schools dates back to 1912, when the one at Victoria Park was opened with an enrolment of fifty children. At that time the Medical Inspection Department of the Board of Education felt that some provision should be made for children suffering from malnutrition and also those with any family history of tuberculosis.

So successful was the first attempt, that in 1914 a similar school was opened in High Park. In 1917, with the transfer of school health services, the medical, dental and nursing services in connection with the Forest Schools were undertaken by the Department of Health. At this time about one hundred children were enrolled in each school. In 1920 the Board of Education appointed permanent principals to take charge of the Forest Schools, and since then the development has been quite remarkable. In Victoria Park there is now accommodation for one hundred and sixty children and in High Park for two hundred. The selection each year of the children who are to attend the schools calls for much thought and care, as there is an increasing demand for admission. To each of the eight health districts of the city is allotted a certain number of children, the poorer sections being given the largest number and the choice of cases being left to the District Medical Officer and the Public Health nurses. Malnourished children, tuberculosis contacts and children suffering from chorea are given the preference.

A visit to the schools on the opening day would show a picture of children who seem to have little or no animation, and know little or nothing about how to amuse themselves. A visit a few months or even a few weeks later would reveal a very different picture. The entire daily programme of the school is carried out in the open air. The time for the opening of school is 9 o'clock, but many of the children arrive long before that hour. Immediately after the opening exercises they are given either cocoa or milk, and then begin their class work, which, with the exception of a short play period, continues till noon. Before lunch, which is a good substantial meal, the children are lined up and given time to wash their hands and faces. After lunch they have a toothbrush drill, and then go to bed under the trees for two hours. This rest period is organized under self-government. The remainder of the afternoon is spent in different ways — nature study, walks, supervised play periods and manual work for some of the children. Before they leave for home at 4.30 p.m. they are again given milk and bread and butter.

The remarkable improvement of these children is a conclusive proof of the value of these schools. This improvement is not only shown in the physical condition, but is revealed also by the development of character and by educational attainments. Few children need to return for a second term. Dull children change so that they are sometimes able to miss a grade on return to their regular school. At least seventy-five per cent. make good in the ordinary grade.

One or two typical cases may be of interest. John, a boy of twelve years, was selected for Forest School because the Public Health nurse felt that his poor physical condition and irregular attendance at school were due in great measure to the fact that he was coddled at home. When first admitted he seemed to have no confidence in himself. If asked to solve the simplest problem, he would say, "Can't do it," and begin to cry. Though he lived comparatively near the school he was afraid to go alone, and had to be taken by his father for several months. At the Forest School he learned to play his first outdoor games with other boys. In competing with boys like himself he began to see he could do things. During the school term his parents moved to a part of the city some miles distant from the school, but so interested was John that he preferred to get up at six o'clock every morning rather than give up going to the school. He was able to attend almost every day. On his return to the regular school he was promoted, and in some of his examinations headed the list for the first time in his life.

Ethel, a girl of over fourteen years, when admitted to the school, was found by the psychiatrist to have a mental age of twelve and a half years; to be lacking in initiative and self-confidence, with very scanty ability in reasoning things out; to have practically reached her academic limit. This appeared to be a fair description. No one ever thought of making this girl a monitor, or giving her charge of any group work. She was a follower, not a leader. Her condition of health was such that, as she afterwards confessed, she was absolutely discouraged. As she was not making progress at school, she had taken a position with a very small salary. Not being able to stand the work she applied at one of the departmental stores for some form of light work, but was refused because she had not enough education. Someone seeing her upon admission to the school described her as "like an old woman who had lost every friend in the world." Very soon a change was noticeable; she began to write of the birds, the flowers and the sunshine. She seemed to have the power to express the joy she was finding. With encouragement she wrote story after story, and before the end of the term had two of her writings accepted by the papers, one a prize winning essay. Before leaving the school, Ethel gained fifteen and three-quarter pounds in weight and said she had never felt so well. At the end of the term the phychiatrist found her mental age to be fourteen and three-quarter years. He stated that her reasoning ability, general knowledge and observation were good, and suggested that she should have every encouragement to continue her education. Some months later, in the best of health and under the guidance of a very capable and sympathetic teacher, Ethel was reported to be doing entrance work with marked success. So well has she continued to work that there is good reason to believe that the girl who at one time had not sufficient education to wrap parcels in a departmental store will some day become a Canadian authoress.

(Anna G. Dove, Superintendent, Runnymede District Office, Department of Public Health, Toronto.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Nursing as a Profession

By ANNIE E. McINTYRE, Reg.N.

A nurse's life is essentially a life of service; service to growing, suffering and dying humanity. At the beginning of her practice in the profession the nurse meets with many problems which she has not encountered in her years as a student nurse. Her work brings her into homes where the sick and suffering await her help and assistance towards the road of recovery; or, failing that, she is expected to ease and soothe the last hours of the dying patient. In every case much depends on the efficiency of the nurse; also on her cheerfulness and adaptability to circumstances. All of which makes for character.

If the nurse has had an adequate course in her training school, the requisites for proficiency in her profession—skill in her work and the necessary learning—will have been attained to a great extent; but grouped with these, and quite as necessary for success, is character. A nurse must be just, and considerate of her charge; have a tenderness akin to motherliness; a touch light and deft; a cheerful countenance and happy attitude through every difficulty; patience and endurance at all times; a quick, decisive mind, and an easy shouldering of responsibility, so as to ease the mind of both the patient and his friends and to be the reliable assistant of the physician in charge.

This seems a great deal for one individual, but courage and will power will bring to each one these essential qualities and make each an influence for the betterment of society.

A nurse must learn to adjust herself to various conditions of life; to various personalities and temperaments. The training schools have stressed this point, and we have learned it in our homes, and in our personal contacts with humanity.

These, then, are the requirements for the life of service which is the portion of the true nurse, and with them, success in her profession is assured.

What are the compensations? Work well done brings the reward of a satisfied mind and often the gratitude of our fellow men.

Time for relaxation and recreation must be taken by the nurse at frequent intervals between cases, when she may have the physical rest needed and a change of environment and mental outlook which will rejuvenate her body, freshen her mind, and so send her to her new cases with a zest for her work, and courage to face all difficulties. She is progressing all the time, and opportunities are always open for the wholesome, capable nurse. Specializing in various lines adds to the chance of improvement and, incidentally, to a better wage scale. Administrative positions are offered for the experienced and tried.

Taken in all its phases, nursing as a profession is one that will continue to attract thoughtful, ambitious girls, to whom it is our place, as of the fold, to extend a welcome; to encourage them and to strive to imbue them with the ideals and principles of our noble profession.

Extension Course for Private Duty Nursing

An impressive air of enthusiasm prevailed in the Physics Building of the University of Toronto on the morning of Monday, August 24th, 1925, when two hundred and fifteen private duty nurses assembled for the third annual extension course. Miss Carruthers, convener of the Private Duty Committee, with Miss Latter, in the absence of Mr. W. J. Dunlop, met the nurses and welcomed them with a cheery greeting. Dr. Ogden, on behalf of the University, extended to the nurses a hearty welcome and congratulated them on their pursuit of knowledge. The lectures started at 9.10 a.m., August 24th, and were as follows:

August 24th

Essentials, Emergencies, and Pneumothorax in Tuberculosis: Dr. W. E. Ogden.

Political History: Mr. W. S. Wallace.

Ductless Glands: Dr. G. S. Young.

August 25th

Nursing Care in Venereal Diseases: Dr. Gordon Bates.

Political History: Mr. W. S. Wallace.

Story Telling and Reading Aloud: Mrs. D. Mavor Moore.

August 26th

Skin Diseases, Erysipelas, etc.: Dr. D. King Smith.

Modern Literature: Miss G. Wookey.

Story Telling and Reading Aloud: Mrs. D. Mavor Moore.

August 27th

Focal Infection: Dr. W. G. Trelford.

High Blood Pressure and Arteriosclerosis: Dr. J. A. Oille.

Some Sidelights on the Modern Novel: Miss G. Wookey.

August 28th

Obstetrics (Eclampsia): Dr. H. B. Van Wyck.

Cardiac Diseases: Angina Pectoris, etc.: Dr. J. A. Oille.

Some Sidelights on the Modern Novel: Miss G. Wookey.

August 29th

Obstetrics (Eclampsia): Dr. H. B. Van Wyck.

Cardiac Diseases: Angina Pectoris, etc.: Dr. J. A. Oille.

Meningitis and Infantile Paralysis: Dr. R. G. Armour.

On Monday afternoon about two hundred nurses visited the Toronto General Hospital, when dressing trays were demonstrated by Miss Scott and Miss Coutts. These were found most interesting and the nurses were pleased to be able to brush up on many details. Afterwards the nurses visited the various wards.

On Tuesday afternoon the Toronto Western Hospital was visited. Dr. Harvey Agnew renewed his acquaintance with a large number of the nurses and gave a most interesting talk on "Recent Advancement in the Treatment of Disease." Mr. Galbraith, Superintendent, and Miss Ellis, Superintendent of Nurses, extended a hearty welcome, following which tea was served and a group picture taken on the front steps of the hospital. Needless to say, the visit to the Toronto Western Hospital was much appreciated by the private duty nurses and will always be a bright spot in their memories.

On Wednesday afternoon at 2 o'clock the nurses assembled in the lecture room of the Hospital for Sick Children, when Dr. Gladys Boyd gave a very instructive talk on Diabetes in Children. Dr. Boyd is an authority on this subject, and the nurses were very fortunate in having her lecture to them. Later they were shown over the hospital.

On Thursday afternoon the new Psychiatric Clinic was visited by the nurses. This is the first clinic of its kind in Toronto, and although not complete in equipment the visitors were able to see over the building and Dr. Farrar outlined the nature of the work to be undertaken. The remainder of the afternoon was spent in going through Hart House.

In the evening, at the Prince George Hotel, the first dinner was held. One hundred and forty nurses were seated in the spacious dining room. The tables were prettily decorated, and at each plate was a dainty pink rose. "God Save the King" (played by an

unknown musician) was heartily sung by the nurses.

At the head table was Miss Carruthers, convener, with Miss Jean Browne as the guest of honour, also Miss E. McP. Dickson, Toronto Free Hospital; Miss Locke, Toronto General Hospital; Miss Ellis, Toronto Western Hospital; Miss Mathieson, Riverdale Isolation Hospital; Mrs. Bowman, Women's College Hospital; Miss Rowan, Grace Hospital, and Miss Flaws, The Wellesley Hospital.

Miss Carruthers introduced Miss Browne, who had returned a few days previously from a four months' trip abroad, visiting Central Europe in the interests of the Junior Red Cross, and also as an official delegate to the Congress of the International Council of Nurses at Helsingfors (Finland). Miss Browne gave such a vivid picture of her stay in Helsingfors that her hearers felt they had been there. Needless to say her talk was much enjoyed and one and all felt proud to think that the Canadian Nurses Association has as president a woman of such ability and charm, and one whom they know has their best interests at heart. Miss Maude Haslett, on behalf of the committee, proposed the toast to Our Guests, responded to by Miss E. McPherson Dickson, the esteemed president of the Registered Nurses Association of Ontario. To the majority of the nurses the names of Miss Browne and Miss Dickson were very familiar, still, this was the first opportunity many of them had had of meeting and knowing them. A number of them said "To know them is to love them." Miss Sarah Burnett expressed to Miss Browne the appreciation of the private duty nurses for her interesting address. Miss Amelia Cahill expressed the thanks of the nurses to the artists who had rendered such delightful music. A most enjoyable evening was concluded by the singing of "Auld Lang Syne."

It is certain that a greater interest will be taken by private duty nurses individually in nursing activities as the result of this gathering.

On Friday afternoon one hundred and seventy-five nurses left the University campus at 2 o'clock in the new Toronto Transportation Co. buses for Whitby, to visit the Ontario Hospital, which is beautifully situated on the shore of Lake Ontario. They were received by Miss Gertrude Bryan, Superintendent of Nurses, and grouped off into parties of fifteen, each group being taken charge of by a doctor or head nurse and shown through the many buildings. The visitors were much impressed by the ideal surroundings and the splendid work carried on by Dr. Forester and his staff. After visiting the different places the nurses were entertained in the Great Hall to afternoon tea, which was thoroughly enjoyed. Miss Carruthers, on behalf of the nurses, expressed to Dr. Forester, Miss Bryan and staff, their thanks for such an instructive afternoon.

Although a strenuous week was drawing to a close, the nurses were just as full of enthusiasm on Saturday as they had been at the opening session on Monday morning, but through it all there was a feeling of regret that in a few short hours "goodbyes" would be said for another year to the University staff, and to the many friends each had made throughout the week.

At the close of the lectures, Miss Josephine Hamilton, who had the honour of being the senior private duty nurse in attendance, being a graduate of thirty-seven years (Hospital for Sick Children), and one of the best known nurses in Toronto, presented to Miss Carruthers, on behalf of the members present, a beautiful bar pin Miss Carruthers expressed her appreciation and thanks. Bouquets of roses were presented to Miss Clara Browne, Miss Maude Haslett and Miss Amelia Cahill, who had assisted Miss Carruthers in making this, the third annual extension course, such a success. In the afternoon the nurses had the honour of being guests at the opening of the Canadian National Exhibition, a courtesy extended by Mr. John G. Kent, managing director.

"C. and C."

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Value of the Clinic in the Education of the Nurse

By LILIAN LAURIE, Reg.N.

The scientific tendency of the age is towards the prevention of disease rather than its cure, which is demonstrated in every direction by the establishment of clinics concerned with the preservation of health. Many hospitals have today quite a large variety of these clinics attached to their "out patients" department, a few of which are: the baby clinics concerned in teaching mothers how to keep babies well; the prenatal clinics insuring the prospective mother a safe maternity; and the venereal disease clinics dealing with the treatment of such cases and safe-guarding the patients' families.

In these clinics a greater wealth of experience can be obtained for student training than is to be found in any other of the available fields in the hospital. Such a department cares for a much larger number of patients and a far wider range of cases than those admitted to the wards. The latter are usually in acute or advanced conditions, while at the clinics the types seen by the student belong to the incipient, convalescent or chronic stages of disease, as well as a large group which do not at any period require bed-side care. Here also the significance of minor symptoms with the importance of early physical examination and diagnosis may be learned. At the same time there are varied and numerous social problems compelling the attention and preparing the student for similar experiences in the future, giving her a more sympathetic understanding and a keener realization of the close interdependence of medical and social work.

Complete records, both medical and social are kept on file, from which a genuine insight may be gleaned of intricate medico-social problems. These social records, if carefully studied bring home forcibly to the student the dependence of the patients' improvement upon correct social and mental adjustments. Every effort should be made to encourage the study of individual cases by the careful reading of these records, the educational value of which cannot be over-estimated from the nurse's standpoint.

We have already noted that the clinic does not deal with acute cases, consequently the student has an opportunity to round out her ward experience with that gained here in the earlier and later stages of disease. To make this of real educational advantage, there must be close correlation with ward work, as well as correlation with class teaching. In order that the student should make the right connection, there should be some class work on the clinic's speciality preceding each individual clinic, and if possible she should come from wards caring for similar cases in acute stages of the disease.

Up to the present time students in most clinics do not receive planned instruction of any kind. The graduate in charge of the department is too busy with the pressure of her own work to be able to give any time to instruction of the various cases. A thorough drilling is given in such routine duties as dusting, setting up of tables, cleaning of instruments, handling of numerous patients and attending to many other indispensable

details upon all of which hinges the smooth running of the clinic. Apart from this any professional knowledge that the student may gain is quite accidental. She has to depend entirely upon her own powers of observation and the questions she may ask, as well as upon the chance goodwill of the doctors, some of whom fortunately realize that the nurse is there to learn.

There is no doubt that a certain amount can be learned through careful observation of special cases and helping in their treatments, but such chance gaining of knowledge is of limited value, as young students do not possess the necessary background to enable them to separate the important from the non-important. It is quite evident that the full educational value of such clinics will be lost without the guiding supervision of a fully qualified instructor. Such an instructor will help the student to make connections with ward cases by pointing out the different stages of the same disease and the medical and nursing care associated with each stage, as well as the social and economic significance of the disease. She must therefore be a specialist in the particular work of the clinic to be able to accomplish such an important task.

Students expertly supervised in this way and carefully assigned cannot fail to prove the unequalled value of the clinic as a teaching field, either to enlarge the range of nursing and medical knowledge or to give an insight into social and community problems.

(By Lilian Laurie, Reg.N., Royal Alexandra Hospital, Edmonton.)

From a Monthly Report of a Toronto Public Health Nurse

By G. BASTEDO, Reg.N.

A child appears in the medical service room to be re-admitted. He may state that the cause of his absence has been a sore leg. We immediately look down his throat, as a first step in our zeal to detect any communicable disease. I often wonder if he ever imagines we are looking through his throat to see his leg or just what his thoughts are when we examine everything but his leg so carefully. I was amused to hear the conclusion that one laddie came to.

The other day I met the mother of a small boy, who said, "Oh, nurse, last week Billy went up to see you when he had been away a few days, and when he came home he said to me, 'Oh, gee, Mom, that nurse knows everything about you! She can look down your throat and she knows what time you go to bed and if you sleep with your window open.'"

When Billy had been waiting his turn, I was examining another child who came to be re-admitted, and as I glanced in her throat I expressed my surprise at her failure to live up to these two health rules and took the opportunity to give her a little health talk. It was necessary to explain this to the mother, as well as the fact that a few days before that I had gained this information in examining a monthly health chart made out by this girl in her domestic science class at the Fred Victor Mission.

I did not explain this to the children and the little boy standing there with his eyes and mouth open evidently thought there was black magic in my eye that enabled me to look down her throat and read her inmost secrets in a passing glance.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Child Psychology

(Convenor's Note—Various Problems of child life are discussed in a series of pamphlets published by the American Institute of Child Life. The problems are dealt with by different writers and the following is a summary of the principal ones.)

The Problem of Quarrelling

Several writers give opinions on this subject and all reach the same conclusion, that while it is disagreeable for parents, it is stimulating in mind and body to the children, and we must recognize the fact that in a family of energetic children there will be lively tilts, and many of them.

The parents should endeavour to maintain an acute interest in the triumph of the just cause without interfering. This virtue of non-interference is an achievement—not a gift.

The Problem of Fighting

Particularly with boys, this is an ever-present problem and has its good points. Dr. Forbush says it is often both necessary and praiseworthy to fight, and whoever assails that conviction has simply uprooted one of the moral foundations of a child's life. Before a boy can rise to a sense of chivalry and struggle for others, he must first win a self-consciousness and self-respect of his own. This he does most directly in fighting with his peers.

The boy who is not allowed to fight or who won't fight, does not lack the pugnacious spirit, but usually exhibits it in less pleasing ways. He is apt to win by fraud or treachery. The instinct to fight may result in desirable qualities: quickness of eye and hand, decision, force of will and self-control, as he who loses his temper is lost.

When a boy who has been fighting returns home, he is probably exhausted and is in no mood to be disciplined; he should not be met with anger and reproach, but rather with sympathy, and later an effort should be made to make him distinguish between the things in this life which are worth fighting for and those which are not.

The Problem of Teasing

Teasing is primarily the danger signal of idleness; the control of it then is largely a question of guiding the child's energies—first in work, then in play. Some of the work should be of the kind which taxes patience and makes considerable demand on muscles. Play, for a group of children, should include activities of interest to both big and little folk, or they should be separated.

Punishment for teasing should be something involving the expenditure of energy, rather than the repression of it, preferably something to do out of doors which will cause the child to use his muscles.

The Problem of Bullying

Bullying is an exaggerated form of teasing and the solution seems to be the guiding of the child into a happy occupation of work or play.

Making the Best of Anger

We must come to the reluctant realization that this instinct, like all others, has its encouraging possibilities. "Only weaklings are incapable of anger, and righteous indignation has done much of the best work in the world."

Anger is one of the most unlovely traits of childhood and one of the most difficult to control; but it is also true that the one who rarely feels it often suffers wrong, and that when it is stirred by the unjust suf-

ferings of others it impels most strongly to the righting of these wrongs. Manifestly there must be thoughtful action on the parent's part if the child is to be so trained that he will experience anger as a virtue and escape it as a vice.

If this austere virtue is ever to come to the last, most noble fruition, it must be a process of growth, and we shall at times have to be patient with some wild, awkward developments, being careful to prune them, but not to destroy the plant itself.

The History of Anger

To summarize this topic we may say that there is a steady broadening, deepening and diffusion of the anger instinct as the years go on. The child passes from exasperation caused by physical discomforts to wrath against individuals, and then largely outgrows his grudges and feels indignation chiefly against moral wrongs. He shows temper first at being foiled or checked, then at personal affronts, and finally at attacks upon his reputation and character.

Whatever be the individual mother's theories as to the place of anger in her child's life, she has its practical problems to meet, be she Quaker or Militant Suffragist. The sensible thing to do is to study carefully the causes of various expressions of anger and wisely apply remedies. If there be any good in this divinely implanted instinct, it behooves us to bring it to its finest culmination.

The Problem of Temper

Very often temper in children follows the example set by parents, also physical ill-health, teasing, aggression on the part of others, or publicity as to a child's appearance or manner may cause outbursts of temper.

In thus enumerating some of the causes we have hinted at the cures. The governing of our own tempers may help our children to attain self-control. Children should never be teased; there are some adults so foolish as to amuse themselves by teasing children and who do not seem to realize the outrage they are perpetrating. This should never be permitted for one moment; better to offend the adult than to have the child's disposition ruined. Children's doings or appearance should never be commented upon in their presence and they should be given time to adjust themselves to new or unpleasant commands. Where ill-health is the cause, symptoms of temper should be ignored until physical poise is restored.

The Problems of Crying and Sulkiness

Among young children we find, in general, that temper is expressed in two ways, the child smoulders or yells. What shall we do with the kicking, screaming, yelling child, or the child who holds his breath until blue in the face? Punishment and reasoning are alike of no avail. The only thing to do is to leave him absolutely alone in the room until he stops, or to try more heroic treatment and by an unexpected dash of cold water in the face substitute intense surprise with an element of fear for the intense and unreasoning anger. This is not a punishment, and in ordinary cases is less harmful than prolonged anger.

After one of these outbursts of anger the child should not be reproved or admonished until rested. Wait until some quiet happy hour to warn the child of his besetting sin and urge him to be on his guard against it.

Usually the child who cries and screams receives far more attention in the way of reproof and punishment than the quiet child whose faults lie deep and black at the bottom of the still-pond of his nature.

Sulkiness may result from two causes; a child may feel that he has been unjustly treated or he may

have an antagonistic attitude against the whole world. This latter may be the result of physical weakness or it may be inherited.

A careful examination should always be made to see that strict justice has been received; often the injustice is purely imaginary, but whichever is the case, the child should be immersed in an atmosphere of sunshine in which it is impossible for him to think of his wrongs. Rarely is it wise to express annoyance at his attitude, and he should be given constant and attractive occupation.

There are no children to whom the kindergarten is such a blessing as to those who are selfish and sulky. Here they work and play at occupations which they like, among their equals, and are usually too busy to brood or to think of themselves. We should remember that idle hands and sulkiness are first cousins and so also are peevishness and the I-won't-play spirit. The child who has found the joy of putting forth effort and of being a helper tends to become impervious to the encroachment of this evil spirit.

Records for Public Health Nursing

Part IV:—Making Use of Histories

By FRANCES KING

A report to another organization can be more easily drawn up if it is done twice. First, the use which will be made of the report must be considered and the probable point of view of the organization receiving it. The facts which they would wish to know should be listed in the order most convenient to them, under headings which will be clear to them. When that is done, not before, it should be compared with the nurses' record to see how much of this information can be secured directly from the history. After this has been ascertained, the information not contained on the nurses' record should be scrutinized, with the idea of eliminating all items that are not essential to the intelligent handling of the case. The headings then should be arranged as far as practicable to conform with the order in which the data appears on the nurses' record.

If the family history is sufficiently complete and up-to-date, the nurse will not have to make a special visit in response to routine inquiries. If the return report can be made by a clerk from the history, only needing to be read and signed by the nurse, it is evidence that the history is meeting routine needs. In this connection, we are speaking of reports frequently requested. No history every devised can meet all special requirements, but return reports to clinics, hospitals, quarantine officers, and the like, should be studied when the history is being drawn up. In other words, before designing a family record, the nurse must consider not only what use she herself is to make of it, but also what calls are to be made regularly upon her for information.

In writing reports to other persons or agencies, the nurse must keep in mind the use to be made of the report. Her report on a tuberculosis patient to a social agency, trying to decide about furnishing blankets, and her report to the clinic physician who is to examine the patient, may present the same essential facts, but be very different articles when finished.

Printed headings on the history forms fall into two classes, those which are permanent and those which provide for conditions likely to change. It is misleading to have entries for conditions of home and health found on the first visit, without having space after them for changes. Our work is to secure these changes, and our histories must make it evident when we have accomplished something.

Surname space should allow plenty of room for a lengthy name to be printed, but not enough for a change of name. That happens too seldom to waste space on. Plenty of space should be allowed for addresses, for if an address is not clear, it may mean a lost hour going to the wrong house.

Abbreviations should be freely used, but the same abbreviations should be in use throughout an organization, and their meaning should be unmistakable. Check marks, on the other hand, should be avoided. They are not easy to interpret at a glance, and may be taken to mean just the opposite of what was intended. A written word is clearer.

Brevity is an excellent habit to cultivate. Articles, adjectives, and verbs can often be omitted without endangering the clarity of a statement, so long as the nurse does not drift into inaccuracies.

"Mother mental" may indicate to the writer that the mother is subnormal mentally, but it is not a particularly correct way of wording it.

It takes practice and care to make notes on histories which are concise and to the point, but if the histories are to be of value, it must be done. Reading voluminous notes, no matter how entertaining, takes time which the nurse does not like to steal from her field work, and the history which cannot be consulted before making a visit, particularly if weeks have elapsed since the last visit, is of little practical use. Too often the picturesque phrase instead of revealing the state of the family, only reveals a witty nurse. It is found that records made of coloured paper are more readily selected from the folders, i.e.: buff for infant welfare forms, pale blue for tuberculosis, etc. Discharged individual slips may be kept in the folder, clipped together behind the active slips, or may be removed from the folders and kept in an alphabetical file at the back of the nurse's tray. If the latter arrangement is adopted, care must be taken to replace the inactive histories before the folder is transferred to another nurse, or discharged. One person, the supervisor or a clerk, should be responsible for the completeness of histories before removal or discharge, checking each folder to see that it contains all individual slips, active or inactive.

An aid in handling forms is the use of strips of gummed paper or gummed linen instead of paper clips. If there are several slips of paper pertaining to one individual, they can be fastened together by pieces of gummed tape over the left end; slips 1 and 2 fastened together with one piece; slips 2 and 3 with another piece; 3 and 4 with another, and so on. When this is done, the lot can be handled like a book.

If statistics are to be taken from the histories as a routine thing, the headings which provide them should be in a prominent place, so that time will not be wasted hunting through masses of material. Certain headings should be associated. For example, on the infant welfare slip shown in a previous article, the date of the first visit is placed near the date of birth, in order to make evident how soon after birth the first visit is made.

In the lower left-hand corner of the front page of the family folder is a chart designed for a monthly statement from the nurse to her supervisor. The first time a family is visited during the month a check is placed under that month in the line for the current year. No further entry on this chart is needed during the balance of the month.

At the end of each month, the nurse looks through her tray of histories and makes a list of all families not visited during the month. Opposite the name and history number, she writes briefly the reason for not visiting. At the bottom of the list, she adds the total number of family folders she has active. This list, in the hands of the supervisor, gives her a check on the work carried by the nurse. If there is a large percentage of unvisited families, it may signify that the nurse is carrying dead wood, or it may indicate that she has been given too heavy a district.

Periodically, say twice a year, but not oftener, a count may be taken of the number of histories of each class under supervision. This information, while interesting, is not valuable enough to justify the time that would be taken in keeping it up-to-date. The advantage in having a slip for each major problem encountered in the home lies in the assistance the separate form gives to the nurse, not in the statistics it might furnish. The family folder is so arranged that as an individual slip is taken on or discharged, it is indexed on the front. With this, it is easy to go through a nurse's tray and take off a count.

The daily work reports, tabulated monthly by a clerk, will give the number of visits by problem. The number of family visits for each nurse can be made from these reports, also a monthly statement which can be compared with the number of family folders visited.

The number of work slips used during the month, which do not carry history numbers, represent the number of families visited, whom the nurse has not taken under formal supervision.

Once a year, the discharged family folders for the year may be gone through, and a tabulation made of the reasons for discharge as noted on the front of the folder. This report may show such items as the following:

1. Condition remedied.
2. Moved out of jurisdiction.
3. Died.
4. Lost.
5. No co-operation.

The larger number discharged because of reason number one, the more gratifying the report. On the other hand, a large number discharged for reason number five calls for investigation. It may be that the wrong type of nurse is in that district, or possibly the service offered is not meeting the needs of the people. This tabulation should not be attempted on individual histories. Taken from the family folders, it gives enough information to indicate the extent of progress.

If information from the individual slips must be tabulated, either as a routine or for a special report, the easiest method is to go through the tray of family folders and remove all folders containing individuals of the class to be studied before beginning the tabulation. If, for example, the status of breast feeding among supervised babies is desired, all folders containing infant welfare history slips should be separated, by means of the index under "Problem" on the face of the family folder. After this has been done, the number of months breast fed can be tabulated from the first entry under the section "Feeding History." The total number of months breast fed added together, and divided by the number of babies considered, will give the average length of time the babies in that district are kept on the breast.

The nurse herself should not be required to tabulate any data that can possibly be handled by anyone else. Such statements as the record of unvisited families must be done by her, because only she herself knows the reason a family is not visited. For other tabulations, administrative or clerical people should be used, to avoid taking the nurse from her daily routine. The simpler her clerical duties, the more time she has for her families and the more results there will be to record on her histories. She must, however, be held strictly responsible for the accuracy and completeness of the histories themselves, for there again only the nurse has the information to be entered. Tabulations can be made by persons who have never seen the families, but the nurse is responsible for the first record. This holds true whether she writes the history herself, dictates it, or makes rough notes from which a clerk enters the history. In the last two cases, no history should be filed until the nurse has initialed the clerk's entries, thus taking responsibility for their accuracy.

Records have to perform the almost impossible feat of transforming people into statistics in such a manner that the statistics in turn can be transmuted into service for the people. Sensibly arranged forms, accurate, well-chosen entries, and intelligent study of the results will do much toward accomplishing this ideal.

Notes from the Library Committee

Health Education—

Dramatizing Child Health—Grace T. Hallock, published by The American Child Health Association, 370 Seventh Ave., New York City.

Special Training for School-age Children in Need of Special Care, by S. B. Sinclair, Ph.D., published by Canadian Council of Child Welfare, 304 Plaza Building, Ottawa.

Health Songs in book form, issued by the Child Health Education Service of the National Tuberculosis Association, 370 Seventh Ave., New York City—10c.

"The Social Twins" and "Rosy-Face Twins," by C. S. June, published by A. Whitman Company, Chicago, Ill.—60c each. Booklets with unbreakable bindings for the wee boy or girl, composed of little health and etiquette stories.

Child Welfare—

Juvenile Courts at Work, Bureau Publication No. 141, U.S. Department of Labor, Children's Bureau, Washington.

County Organization for Child Care and Protection, Bureau publication No. 107, U.S. Government Printing Office, Washington—20c.

The fact that garden vegetables are of value so largely because of their vitamins, and that vitamin content is to some extent dependent upon freshness, makes it possible that something more than sentiment and gratification of the palate may be involved in our preference for vegetables from the garden.—H. C. Sherman.

It might be well to dispense with cooking at one meal in the day, not merely to ensure obtaining the vitamins, but to reduce domestic labour. Salad and fruit should play a considerable part in such a repast.

—Gateway to Health.

More of the green raw foods, of natural foods, are needed as a added part of our diets.—Percy Howe.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal.

With the Victorian Order of Nurses

By KATHARINE E. BEATTIE

Assuming that the home is the nursery of the citizen, it is apparent that no advancement could be more justifiable than that which tends to maintain and upbuild this unit, and, as a result, the community.

Herein is involved the initial aim of the Victorian Order of Nurses in Canada "to nurse the sick, prevent disease and promote health." What other factors could contribute so much to the future of our homes or could form a more firm basis for truly constructive service? The work of this great branch of Public Health has been one of continual advancement and possibly the most recent step is the offering of a course in visiting nursing to student nurses.

In presenting this line of work from the viewpoint of the student nurse, it is necessary to emphasize the fact that the London, Ontario, branch of the V.O.N. is the first in the Dominion to offer this opportunity to our Training School at the Victoria Hospital. The term of visiting nursing is arranged for senior nurses who have completed their work in obstetrical and operating room departments. The period of service is one month. The first week is spent particularly in observation, learning technique as it may be carried out in the average home, the keeping of records, and in a study of the history and present work being carried on by the Order.

The uniform must be plain and a bag is provided with equipment for surgical and obstetrical cases. This bag must be kept in order by the nurse to whom it is loaned. The keeping of records with daily reports and bedside notes is an important item of the work, and one which tends to develop executive ability. Hours of duty are from 8 to 5, with one hour off for lunch. Sundays and holidays are spent in the hospital since the work on the district is so arranged that it may be done by a smaller staff.

The educational advantage of this line of work is invaluable to the student. In the hospital, where she has every modern appliance and where the supplies are abundant, the economic situation is of very slight interest, and the nurse has little scope for originality. In the home, conditions are different. Frequently, where there is practically nothing, she must of necessity improvise and economise. She must not sit down in despair if no glistening white basin in on hand when she wishes to give mother or babe a sponge, for there on the back of the stove is the dirty porridge dish left from breakfast! This may be scoured and utilized as a tub for baby, while that empty lard pail in a corner will serve nicely for the mother's bath. Yes, truly, going into the homes of destitute people and seeing and knowing them as they really are teaches resourcefulness and adaptability, and develops those humanitarian instincts which enable one to face exigencies and meet them properly.

In hospital the student is not left entirely to her own resources. There is someone in authority to whom she may appeal if necessity demands. In the home, she must be self-reliant and learn to work in a logical way.

(Concluded on page 539)

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

With The Red Cross in Pictou County

By N.S. MARGUERITE O. GRAY, Reg.N.

The strike situation in Pictou County did not appear to be very serious previous to April 1st, 1925. Pictou County miners are a respectable people, given to minding their own business, living well when in funds, and very independent. They are mostly of Scotch descent, with a few English, French, Belgians, Germans and Russians.

When the Red Cross began its work of mercy, a survey was made of the families of the miners on strike. This took the workers into Thorburn, Foxbrook, Westville, New Glasgow, Trenton and Stellarton, and included about seven hundred families. It was explained to them that the Red Cross was ready to help in case of sickness, and would plan its work to prevent illness as much as possible. At first there was little demand for help; everywhere the workers were met with the perfectly frank statement that the Union was giving relief, and although the miners admitted that it was inadequate, they seemed to think they could manage, always believing, of course, that the strike would not be of long duration.

However, orders for milk and other necessities were placed wherever urgent need was found: among ailing mothers and children; expectant mothers; tuberculosis patients and contacts; and in cases of underweight. Requests for clothing were received, as some of the children were not able to attend school for want of shoes and clothing.

As time went on, with no immediate settlement of the strike in view, more and more requests for all kinds of relief were received, which had to be dealt with according to an organized plan. Committees were formed among the women of the different towns, with whom were discussed the most difficult problems. Among other things, it was arranged that layettes should be made from material supplied by the Red Cross.

Very little sickness was found during these weeks, but a great many undernourished children were discovered, as well as many ailing babies and women, about sixty expectant mothers, and some advanced cases of tuberculosis. Milk and eggs were given to all these cases, with regular visits for nursing care and instruction, and arrangements made for clinic attendance.

One very serious condition, and the last to receive attention among these people is decayed teeth. It is not uncommon to find children of preschool age with their sixth year molars badly decayed, and older children with abscessed conditions. Only a few special cases, however, could be treated.

At first it was not the plan of the Red Cross to give general relief, but by the middle of May about five hundred families were being supplied with milk, as well as other relief. After six weeks, however, it was found necessary to return to the original plan of sick relief, which included

cases of tuberculosis, underweight, and any other sick. It was difficult to discriminate between the sick and the undernourished. Of the twelve hundred children on the list it was felt that very few could be cut off from their milk supply without disasterous results. But the funds had been seriously depleted and adherence to a definite plan was imperative.

The cheerfulness which appeared to prevail generally was very impressive. Everybody seemed bent on making the best of things. Many of the men, fearing that the stigma of "charity" might be attached to their families, and anxious to shoulder their own responsibilities, left for the local lumber camps to look for work, while others went to the States for the same purpose.

Never at any time was there any question of rioting in Pictou County. Naturally among so many there were bound to be a few agitators, but the Red Cross workers talked to only two who were inclined to favour violence in obtaining the necessary wherewithal to live, and they were men with a reputation for thriftlessness and not wanting to work even when there was plenty to do.

Problems involving health conditions arising from the strike are by no means solved. The Red Cross has been the means of keeping well, and more or less fit, many people, children especially, and it is hoped that its teaching in hygiene and nutrition will have far-reaching effects, particularly in regard to the inclusion by parents of milk as the most important item in their family budgets.

(**Note:** Dr. S. L. Walker, Commissioner of the Nova Scotia Division of the Red Cross states: "That from the middle of April until the end of July, 1347 home visits were made and relief given to 3758 cases, at an outlay of over $4,000.")

(N/S. Marguerite O. Gray, Public Health Nurse, Pictou County, N.S.)

Army Nursing Service, 1854-1902

By MAUDE E. WILKINSON, Reg.N.

It is most difficult to obtain any data regarding the inauguration of the Army Nursing Service, which occurred in the interval elapsing between the Crimean War and the Boer War in South Africa. A few references to K.R. & O., with dates attached, and a few short paragraphs regarding the number selected, suffice to mark the development of a nursing service which now holds one of the most distinguished places in the history of nursing. Nowhere have we been able to find any details which would help us to understand the difficulties that confronted those pioneers entering upon a new field of nursing. We only know that it was due to the service rendered by Florence Nightingale and her staff at the seat of war in the Crimea that public opinion was attracted to the valuable service to be given by trained women to the sick and wounded soldiers.

It was not long after the Crimean War that women were employed as nurses at Chatham and Netley, but it was not until 1866 that provision was made in a Royal Warrant for the appointment of female nurses to any military general hospital. In 1881 an Army Nursing Service was inaugurated, the code of regulations being published some years later, but many changes occurred from time to time regarding the necessary requirements for entering military service, and the duties and status of the nursing staff. In 1883 it was decided that a staff of female nurses should be appointed in every military hospital of 100 beds or more in the British Isles, Malta and Gibraltar.

In 1902, as a result of Mr. St. John Brodrick's committee during the South African War, Queen Alexandra's Imperial Military Nursing Service was instituted, with a Matron-in-Chief at its head.

To Queen Alexandra the nursing profession owes much. Her interest in it has ever been of a practical char-

acter, and one of her first acts after the accession of King Edward was to place herself at the head of a small committee formed for the purpose of entirely reorganizing the military nursing system in the light of the experience gained in South Africa. To this committee Queen Alexandra appointed Countess Roberts, Viscountess Downe and Lord Knutsford. Queen Alexandra's Imperial Military Nursing Service, briefly termed the Q.A.I. M.N.S., was the name given to the reorganized service.

The South African War was, in fact, the passing of the old and the coming of the new into military nursing. The need for a larger and more efficient army service had become apparent in view of the importance of the training of orderlies of the Army Medical Corps.

At the beginning of the Boer War the offer from the British Colonies to send nurses to assist in military service was accepted, and so trained women were received into the Q.A.I.M.N.S. from Canada, Australia and New Zealand.

* * *

In Miss Pope's article on her experiences in the Boer War, which will appear in next month's number, we shall follow with the deepest interest the doings of those first Canadian nurses who answered the call to serve their King and Country in foreign fields.

With the Victorian Order of Nurses

(Continued from page 536)

Only thus can she build up a practical working basis evolved from the varying needs of the people for whom the work is carried on.

In the home a nurse begins to think of the patient as an individual rather than as a case. When a patient is confined to her home, her progress very frequently depends on financial and social conditions in the family. By accepting this new attitude toward her patients the nurse begins to view them in a new light and on returning to hospital work will have deeper sympathy and a broader understanding for all with whom she comes in contact.

The work with the Victorian Order has also a stimulating effect on the mind of those engaged in it, as it is so very different from the routine work of the hospital. Since much of the time is spent out of doors, one is enabled to breathe the atmosphere, both figuratively and literally speaking, and while developing those important qualities of economy, ingenuity, adaptability, sympathy and resourcefulness, the mind and body are becoming better fitted to perform arduous duties.

Field work presents vastly different types of both acute and chronic conditions, all requiring aid. It is interesting as well as amusing to review some of the extreme cases which one meets in the work. In all these the aim must be to give friendly and tactful instruction and to impress the rudiments of ordinary cleanliness and their bearing on the health of the family and the community.

The work of the Victorian Order of Nurses involves a large element of sacrifice. The field for service is great and the demand for workers far in excess of the supply. Students interested in this particular branch of nursing or showing strong qualifications and special adaptability should receive every encouragement. The field is one which offers great opportunities and the work is very highly commendable. Surely, Longfellow must have envisioned the Victorian Order nurse of today when he wrote—

"A noble type of good
Heroic womanhood."

(Katharine E. Beattie, Training School for Nurses, Victoria Hospital, London, Ont.)

News Notes

ALBERTA

CALGARY

The following officers were elected at the September meeting of the Graduate Nurses' Association:—

Honorary president, Mrs. Stuart Brown; president, Miss Nan Hendrie; first vice-president, Miss McKay; second vice-president, Miss M. P. Hendrie; treasurer, Miss Harriet Ashe; corresponding secretary, Mrs. De Satge; recording secretary, Miss Marion Lavelle; convener of private duty section, Mrs. Fulcher; convener of entertainment, Miss Peat; convener of finance, Miss Agnes Kelly, and registrar, Miss Cooper.

Plans were also made at this meeting for a dance, which will be held in October.

A very pleasant evening was spent recently at the Nurses' Home, Holy Cross Hospital, when the nurses-in-training gave a farewell reception for Sister Superior and Mrs. De Satge who left for Montreal. The reception room was artistically decorated with the school colours, and a profusion of cut flowers. A delightfully arranged programme was given, the principal item being a short sketch, entitled "Morning Callers." Later during the entertainment a presentation was made to the guests of honour. Following this a dainty supper was served. The remainder of the evening was spent in dancing.

BRITISH COLUMBIA

Miss E. I. Johns was the guest of honour at a number of entertainments prior to her departure for the east to assume the duties of her appointment with the Rockefeller Foundation.

On July 21st, Mrs. M. E. Johnson, President of the British Columbia Graduate Nurses' Association, entertained at tea at her home in the Stadacona Apartments. The table was very prettily decorated. Miss K. Ellis poured tea and Miss Scott, of New Westminster, cut the ices. Assisting Mrs. Johnson were Mrs. Witcher and Miss Archibald. About thirty-five nurses were present. Before the gathering dispersed Mrs. Johnson, on behalf of the graduates, presented Miss Johns with a beautifully embossed combination purse and writing case and in a few words expressed the regret that all felt at her departure, their appreciation of her work since coming to British Columbia, and their pleasure at the recognition of her ability as shown by her recent appointment.

The members of the Undergraduates Society of the Combined Course, University of British Columbia, met on July 20th, to bid farewell to Miss Johns. Miss Leila Carson, the president, was in the chair and about twenty members were present. After a short business meeting Miss Johns was presented with a handsome grey leather writing case from the group. Refreshments were served and the social hour which followed will long be remembered by all present.

Another milestone in the progress of public health nursing was reached this summer when the department of education included a course in "Hygiene and the Child Health Programme" in the summer school curriculum, Miss E. Breeze, chief school nurse, Vancouver City, giving the lectures on the Child Health Programme. The course proved very popular and the class was filled to capacity.

Miss Meta Hodge has been appointed organizer for the Junior Red Cross in British Columbia. Miss Hodge is a graduate of the Winnipeg General Hospital and of Teachers' College, Columbia University.

Among those attending the refresher course in public health nursing, University of Washington, were Misses Cameron, Jakes, and McLellan.

Miss Mabel F. Gray has been appointed to fill the position made vacant by Miss Johns' resignation and arrives in Vancouver early in September. Members of the profession in this province extend a hearty welcome to Miss Gray, who is too well known to need an introduction to the readers of The Canadian Nurse.

The regular monthly meeting of the V.G.N.A. was held at the Nurses' Home, General Hospital, on September 2nd, the Vice-President, Miss McLellan, in the chair. The principal item of business was the revision of by-laws. The evening's entertainment was provided by the private duty members of the association and consisted of a number of tableaux, the subjects of which were to be guessed by the audience. A great deal of credit is due to Miss Merfield, who arranged the programme, and to all who took part.

Miss Kathleen Ellis, Lady Superintendent, Vancouver General Hospital, has been seriously ill for some weeks, but is reported to be improving. Miss Ellis is very much missed by her many friends in the nursing profession in the city, who trust she may soon be restored to health.

Miss G. M. Kitteringham, R.N., has recently completed a nine months' course in public health nursing at the University

of Washington, Seattle. She is now on duty with the Victorian Order of Nurses in Edmonton, Alberta, where she has charge of that Branch of the Order.

Miss Hazel Brunker, R.N., who finished the course in public health nursing at the University of British Columbia, is now on duty with the Greater Vancouver Branch of the Victorian Order of Nurses.

Miss Mary Miller, R.N., has been granted three months' leave of absence from the Greater Vancouver Branch of the V.O.N. This leave of absence is being spent in England.

Miss Mildred Card, R.N., of the Greater Vancouver Branch of the V.O.N., sailed from New York in June for an extended holiday in England and on the Continent.

Miss Constance Nettleton, R.N., recently reported for duty with the Greater Vancouver Branch of the V.O.N., following a four months' leave of absence spent in California.

Vancouver General Hospital

Mrs. Leonard (Rhoda Stempleford, 1915), of Rossford, Ill., was a guest in Vancouver during the summer.

Miss Grace McCullough, 1915, has been appointed to the Shaughnessy Military Hospital staff.

Miss May MacArthur and Miss E. McCaull, graduates of the Vancouver General Hospital, are on the staff of St. Mark's Hospital, New York.

Mrs. Hyde (Cassie Hunter) has been appointed to the Point Grey School staff.

Miss F. Evans, 1920, has accepted a position in the Vernon Jubilee Hospital, Vernon, B.C.

Miss Marjorie McCall, who is in charge of the Maternity Department, St. Luke's Hospital, Spokane, Wash., is at present the guest of her parents in Vancouver.

Mrs. (Rev.) A. E. Cook (Gwen. York), of Caspar, Wyoming, spent the summer months in Vancouver.

Mrs. W. Clayton (Winnie Manson, 1920) of San Francisco, and small son are the guests of Miss Edith Hanbury, Vancouver.

NOVA SCOTIA

N/S Edna Duthie is spending a two-months' vacation with her mother in New Glasgow, N.S.

N/S Christina Mackenzie is visiting her sister, Mrs. Archie McAllum, in Toronto.

N/S M. M. McDonald spent the past year with her mother in Hopewell, N.S.

N/S Ethel Bradley, who has been travelling from Montreal to Hawaii, and from Florida to Demerara, spent the last year in Paris and other points in Europe.

N/S Ethel Etherington was married on July 13th, 1925, to Mr. Harold T. Draper, of Halifax. N/S Etherington went overseas with the first Harvard Surgical Unit and later transferred to the C.A.M.C.

Miss Pansy Burns, graduate of Victoria Hospital, North Bay, Ont., and formerly of the staff of the Victorian Order of Nurses, Halifax, has been transferred to Stratford, Ont.

Miss Lillian Shawn, Public Health Course for Nurses, University of Toronto, 1922, has joined the staff of the Victorian Order of Nurses, Halifax.

The Massachusetts-Halifax Health Centre, No. 1, Gottingen St., Halifax, closed in August, 1925, and the nurses were transferred to the Dalhousie Public Health Clinic.

ONTARIO

HAMILTON

Hamilton General Hospital

Mrs. Ada Walker Anderson and Miss K. Merrett have been appointed to the Public Health Staff.

Miss Grace Lowe has accepted a position in the O.D.D. of the General Hospital.

Miss Catherine Flock has resigned from the V.D. clinic and is doing relief work with the Babies' Dispensary Guild.

Miss Iva Murphy is in charge of the welfare work at the Canada Steel plant.

Miss Maud Roadhouse has returned to Ontario after two years spent in Los Angeles, Calif.

Miss Anna Raybould, who spent last winter in Florida, has returned to live there.

Miss Nellie Wright has obtained a position with the School Nursing staff.

Miss Hilda Merrett is night supervisor in the Lady Minto Hospital, New Liskeard.

KITCHENER AND WATERLOO

The Kitchener and Waterloo Graduate Nurses' Association held its annual picnic at Victoria Park recently. It was a general reunion for all the nurses and was a splendid success. Immediately after the luncheon the nurses stood in silent, loving memory of Miss Idessa Huber, a graduate of St Catharines General Hospital, 1909, who died on June 6th, 1925. The nurses were addressed by Miss McNair, of the Victorian Order of Nurses, on the life of Florence Nightingale. Mrs. Norman Heller, of Waterloo, followed with a talk on the great international services of Clara Barton. Mrs. Irvine Duggan, of Waterloo, very beautifully recounted the wonderful life and martyrdom of Edith Cavell. Mrs. J. E. Bilger, a graduate of Toronto General Hospital, under the regime of Miss Snively, emphasized, in a very pithy address, the great indebtedness of the nursing profession to Miss Snively, who has been the pioneer in trained nursing in Canada. A poem entitled "Night Duty," by Mabel Bailey Heller (Kitchener and Waterloo Hospital, 1916), was read, making a fitting closing to the reunion.

Miss Ethel Livingston, R.N., 1922, has accepted the position of school nurse in Waterloo, Ont., after completing the summer course in School Nursing at the University of Toronto.

Misses Edith Snyder, 1922, and Pearl Wing, 1922, of Kitchener, have returned from the Howard E. Kelly Sanitorium, Baltimore, after taking post-graduate work, and have resumed private nursing.

ST. CATHARINES

St. Catharines Hospital

The annual meeting of the Mack Training School for Nurses, St. Catharines, was held on September 3rd in the new Leonard Nurses' Home, with a large number of nurses present. The nurses were afforded a great pleasure in having one of the first graduates present at the meeting, Miss MacIntosh, who in a most interesting talk compared the new home for nurses with the old home. The new nurses' home was the gift of Col. and Mrs. Leonard and the kind co-operation of the general public made possible the furnishing of the same. The election of officers then took place. Mrs. W. Durham, who had so faithfully served as president, was unanimously re-elected. The following officers were elected:—Honorary President, Miss Meiklejohn, Superintendent of Nurses; President, Mrs. W. Durham, R.R. No. 4; 1st Vice-President, Mrs. Neil Buchanan, 26 Wolseley Ave.; 2nd Vice-President, Miss Mazie Merriott, 16 Richmond Ave.; Treasurer and Secretary, Miss Norma Grenville, Box 60, Thorold, Ont.; Assistant Secretary, Mrs. Combs, 24 Lowell Ave.; Canadian Nurse Representative, Miss Mary F. Stevens, 17 Academy St.; Social and Programme Committee—Mrs. Jacques (convener), 150 Russell Ave., Miss Tuck, Miss Gladys Miller and Miss Mary Phipps; Auditors, Mrs. James Parnell and Mrs. Leo Bradt.

The President, Mrs. Durham, was presented with a bouquet and responded with a speech thanking the nurses for their splendid co-operation.

At the close of the meeting the superintendent, Miss Meiklejohn, was hostess at a delightfully appointed tea. A very delicious menu was served. The members of the Alumnae Association, wishing to show their appreciation of Miss Meiklejohn's kind hospitality, presented her with a beautiful bouquet of roses, which was accepted with a short address of thanks.

The next annual meeting will take place in September, 1926.

TORONTO

Grace Hospital

Miss Mary P. Teasdale, 1923, has been appointed night supervisor at the General and Marine Hospital, St. Catharines, Ont.

Miss Belle Taylor, 1922, has been appointed night supervisor at the Women's Hospital, Bloor St. East, Toronto.

Miss Olga Todd, 1921, and Miss Hilda Vohmann, 1924, are taking the Public Health Course at the University of Toronto.

Miss Alberta Bell, 1921, is enrolled for the course for Administration in Schools of Nursing, School for Graduate Nurses, McGill University, Montreal.

Miss M. Blanche Anderson (Royal Victoria Hospital, Montreal, 1915), has been appointed assistant superintendent of nurses, Grace Hospital, Toronto.

Mrs. Radmore and Miss Sherman have received appointments on the staff of the Department of Public Health, Toronto.

Miss Cora Gilkinson, 1925, has been appointed to the staff of Herman Kiefer Hospital, Detroit, Mich.

Toronto General Hospital

We are glad to be able to report that Miss M. Snively, former superintendent of nurses, who has been a patient in the Pavilion for the past three weeks, is better and has returned home.

Miss Jean Browne and Miss Kathleen Russell have returned from their tour of the Continent, and the Congress at Finland.

We are delighted to welcome Miss Jean I. Gunn home again. Miss Gunn has been in Europe and the British Isles since the middle of April and we feel honoured that at the Congress held in Finland in July, Miss Gunn was elected Second Vice-President of the International Council of Nurses.

Miss Frances Charlton, who has been assistant head nurse on the fifth floor of the Private Pavilion, has been appointed head nurse on ward "E".

Miss Dorothy Percy, 1924, who has been relieving with the Child Welfare Association of Montreal during the summer, has been appointed to the staff of the Anti-Tuberculosis League of Montreal.

Miss Eileen White, 1925, has returned from Bigwin Inn, Muskoka, where she spent a most enjoyable summer as Resident Nurse.

Miss Cora Kilhorn, 1923, has resigned her position with the Child Welfare Association of Montreal and has returned to Toronto.

Miss Ethel Fenwick, 1918, has resigned her position as head nurse on ward "E" and is preparing to take the course in administration at the School for Graduate Nurses, McGill University, Montreal.

Miss Margaret Wright, 1923, has resigned her position as head nurse in "B" Operating Room and is leaving early in October for Collingwood, to assume duties

as superintendent of the General and Marine Hospital.

Miss Frances Webster, 1925, has been appointed head nurse of "B" Operating Room.

Miss Ruth Young, 1924, has accepted the position of head nurse in the Surgical Supply Room.

Miss Ella Addison, 1924, has been appointed night supervisor of the Emergency Department.

Miss Clara Vale, 1923, who has been in the Children's Memorial Hospital, Montreal, as instructor, has returned to Toronto to take the course in Public Health Nursing at Toronto University.

Miss Barbara Kennedy, 1924, has been appointed to the staff of the Saratoga Hospital, Saratoga Springs, N.Y.

Miss Rosabel Coutts, 1918, has resigned her position on the staff of the Toronto General Hospital and is leaving for Paris early in December, where she expects to continue her nursing work.

The resignation of Miss Marion Stillwell, who has been assistant instructor and supervisor for the past year, is universally regretted. Miss Stillwell leaves behind her many friends who wish her much happiness.

QUEBEC

MONTREAL

Montreal General Hospital

Miss Maude Alshorne, 1925, is in charge of one of the wards, Shriners' Hospital, Montreal.

Miss Emily Dwane, 1923, is engaged in Child Welfare work for T. Eaton Co., Ltd., Montreal.

Miss M. E. Dobbie, 1925, is in charge of S.O.R. at Sweetsburg Hospital, Sweetsburg, Pa.

Miss Gladys Smith, 1925, has taken charge of Dr. Little's office, Montreal.

Miss Martha Batson, 1921, has been taken on the staff of instructors at the Montreal General Hospital.

Miss Julina Stewart, 1924, has been appointed a staff nurse at the Charlotte Hungerford Hospital, Torrington, Conn.

Miss Mabel Holt, 1919, resigned her position as instructor at the M.G.H. to accept the position of assistant superintendent of Hamilton General Hospital.

Miss Abbie Yould, 1924, who has been engaged in private duty nursing in New York City, has returned to Montreal.

Miss Hannah Stock, 1919, who has been seriously ill in the Montreal General Hospital, is now making a good recovery.

Misses Laura Giroux and Mabel Leman, both of 1925, have accepted positions at the Lockport City Hospital, Lockport, N.Y.

Miss Marion Boa, 1919, who recently resigned as charge nurse of "J" semi-private ward at the M.G.H., has been succeeded by Miss Edythe Ward, 1923.

Miss Lucy White, Registrar at Montreal Graduate Nurses' Club for the Montreal Graduate Nurses' Association, is spending her vacation in Atlantic City.

At the M.G.H.A.A. monthly meeting on September 11th, in the Nurses' Residence, Miss S. E. Young gave a much-appreciated talk on her recent trip to Finland.

Miss Alice LeGallais, 1924, has succeeded Miss Estelle Smellie, 1923, on the night staff of the M.G.H., and the latter is now floor supervisor of wards "E" and "F."

Miss Agnes Sargeant, 1915, who is the V.O.N. nurse at Cornwall, Ont., was among seven Montreal General Hospital nurses who attended the I.C.N. Congress in Finland, all of whom have returned home except Miss Dorothy Hadrill, who is remaining in Europe indefinitely.

Miss Frances Upton has recently accepted the position of superintendent at St. Agathe Sanitorium. At present Misses Audrey Sampson and Mildred Buchanan are on the staff, and Misses Margaret Morrison, Winnifred Shaver, and Alice MacQuisten will join them in the near future.

Miss Violet Sampson, who has been engaged in ward supervising at the M.G.H., has become second assistant superintendent of nurses, St. Agathe Sanitorium.

The first Year Book of the Montreal General Hospital has just been published and is now on sale. Copies may be obtained by mailing $2.00, and ten cents postage, to Miss Reed, President, Alumnae Association, Montreal General Hospital, Montreal, Que.

Royal Victoria Hospital

Miss Florence Boa, 1920, is superintendent of Pictou Memorial Hospital, Pictou, N.S.

Miss Margaret Pringle, 1921, has been appointed superintendent of Fredericton Hospital, Fredericton, N.B.

Miss Helen Buck, 1915, has recently taken charge of the Sherbrooke Hospital, Sherbrooke, Que., and has for her assistant Miss Grace Moffat, 1921. Miss Jenkins, 1924, is supervisor of the operating room.

Miss Olive FitzGibbon, 1913, is in charge of St. Mary's Hospital, Montreal, her assistant being Miss Eleanor O'Neill, 1919. Miss Beatrice Hewitt, 1919, is supervisor of the operating room.

Mrs. Maud Austin, who has been nursing in Cuba and the Southern States, is relieving for a month at Greenpoint Hospital, Brooklyn, N.Y., and afterwards will spend a brief holiday in Canada.

Miss Grace Kuhring, 1923, who has spent the summer at Camp Bernard, is now with friends in St. John, N.B.

BIRTHS

BEVIS—On July 1st, 1925, at 300 Salem Ave., Toronto, to Mr. and Mrs. Edgar F. Bevis (Amy Oliven Mason, Grace Hospital, 1921), a son.

BONSALL—On Saturday, August 29th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Bonsall (Mary Herron, Toronto General Hospital, 1919), a daughter.

CAMERON—On August 14th, 1925, at 191 Robie St., Halifax, to Mr. and Mrs. James Cameron (Pearl Shute, Morse Memorial Hospital, and Dalhousie University P.H., 1923), a daughter (7¾ lbs.). Before her marriage Mrs. Cameron was a member of the staff of the Massachusetts-Halifax Health Commission.

CLARK—On August 29th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Clark (Jessie V. Paxton, Toronto General Hospital, 1916), a daughter.

COO—On Sunday, August 30th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Cecil Coo (Madeline Dudley, Toronto General Hospital, 1923), of Cooper Cliff, a son.

HUBLEY—On June 23rd, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. Kenneth Hubley (Carrie E. Heney, Grace Hospital, 1922), a son (Kenneth Erskine.)

LOGAN—In August, 1925, at 314 Creighton St. Ext., to Mr. and Mrs. George H. Logan (Marguerite S. E. Lee, General Public Hospital, Halifax, 1914, Dalhousie University P.H., 1920), a son (stillborn.)

McCLELLAND—On September 9th, 1925, at the Private Patients' Pavilion, to Dr. and Mrs. McClelland (Alva Lewis, Toronto General Hospital, 1919), a daughter.

MAGUIRE—On July 28th, 1925, at Peterboro, Ont., to Mr. and Mrs. L. L. Maguire (Dorothy Merlin, Roosevelt Hospital, and Dalhousie University P.H., 1920), a daughter. Previous to her marriage Mrs. Maguire was a member of the nursing staff of the Massachusetts-Halifax Health Commission.

PAISLEY—On August 23rd, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. W. E. Paisley (Mary Stoddart, Grace Hospital, Toronto, 1922), a son (Ronald Stoddart.)

RICHMOND—On March 6th, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. Grant Richmond (Ruth Clark, Grace Hospital, 1921), a daughter (Audrey Jane.)

SARJEANT—On September 5th, 1925, at Burford, Ont., to Dr. and Mrs. P. A. Sarjeant (Elsie Reid, Grace Hospital, Toronto, 1918), a son.

SILVERTHORNE—On August 27th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Silverthorne (Nell Smith, Toronto General Hospital, 1921), a daughter.

STAPLES—On August 20th, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. R. J. F. Staples (E. M. Spargo, Grace Hospital, Toronto, 1920), a daughter (Elizabeth Susanne.)

STEWART—On July 5th, 1925, at the Medical Arts Hospital, Montreal, to Dr. and Mrs. C. C. Stewart (Lillian Adair, Montreal General Hospital, 1919), twins, son and daughter.

WALTERS—On August 23rd, 1925, at Gagetown, N.B., to Dr. and Mrs. Walters (Pearl Babbit, Montreal General Hospital, 1913), a son.

WHITE—On July 5th, 1925, at the Medical Arts Hospital, Montreal, to Mr. and Mrs. Donald White (Adeline McTier, Montreal General Hospital, 1923), a daughter.

MARRIAGES

ADAMS—PALMER—On July 28th, 1925, at Glenhurst, Eleanor Palmer (Toronto General Hospital, 1920), to Dr. Allan Adams.

BATES—STILLWELL—On Tuesday, September 8th, 1925, at Castle Memorial Hall, McMaster University, Toronto, E. Marion Stillwell (Toronto General Hospital, 1923), to Dr. J. Edgar Bates, of Toronto.

CALDWELL — BINNING — On August 12th, 1925, at Montreal, Henrietta Elspeth Binning (Royal Victoria Hospital, 1921), to Dr. David Manchester Caldwell.

CONNOR—WATT—On September 2nd, 1925, at her home at 86 Pinecrest Road, Eunice Watt (Toronto General Hospital, 1923), to W. B. Connor. Mr. and Mrs. Connor, will reside in Toronto.

DEVINNEY — STEEVES — On August 29th, 1925, at Hillsborough, N.B., Emma Clarkson Steeves (Royal Victoria Hospital, 1921), to Frederick Adam Havelock Devinney.

DOLL—TURNER—On Tuesday, September 8th, 1925, at St. Luke's Anglican Church, Peterboro, Margaret Turner (Toronto General Hospital, 1924), to Kendall Doll, of Toronto.

FLINTOFF—GREGORY—On Wednesday, August 4th, at Oshawa, Muriel Fern Gregory (Hamilton General Hospital, 1925), to Stephen Flintoff, of Oshawa, Ont.

GARVIE—REID—On Tuesday, September 8th, 1925, at Timothy Eaton Memorial Church, Toronto, Irene Reid (Toronto General Hospital, 1917), to Frank Livingstone Garvie. Mr. and Mrs. Garvie will reside in Toronto.

GILLESPIE—CORY—On September 10th, 1925, at Trenton, Ethel Cory (Toronto General Hospital, 1925), to Dr. William Gillespie. Dr. and Mrs. Gillespie will make their future home in Edmonton.

GRAHAM — NICHOLSON — On August 26th, 1925, at St. Stephen, N.B., Reta Gertrude Nicholson (Royal Victoria Hospital, 1924), to Ernest Stanton Graham.

GREENWOOD—JEPHSON—On September 9th, 1925, in Home St. Presbyterian Church, Winnipeg, Myrtle Irene Jephson (St. Boniface Hospital, 1916), to Charles Frederick Greenwood, of Alberta.

HOLMES—MacMILLAN—On September 10th, 1925, at Halifax, N.S., Florence Velma Macmillan (Royal Victoria Hospital, 1917), to Willard Stanley Holmes.

HUGHES—MARTIN—On August 13th, 1925, at her home, 36 Summerhill Ave., Toronto, Muriel Martin (Toronto General Hospital, 1920), to Theodore Hughes. Mr. and Mrs. Hughes will reside in Montreal.

HUTCHISON—FANNING—On June 24th, 1925, at Peterborough, Ont., Marguerite Mary Fanning (Grace Hospital, Toronto, 1925), to Leonard Brown Hutchison. Mr. and Mrs. Hutchison will reside at 280 Heath St. East, Toronto.

LUSK—HUNT—On July 15th, 1925, at Bury, Que., Fern Hunt (Montreal General Hospital, 1921), to Victor Lusk, Cookshire, Que.

MACLURE — ANDERSON — On August 15th, 1925, at Vancouver, B.C., Constance Anderson (Royal Victoria Hospital, 1917), to Gordon Frank Maclure.

MacKAY—CLARKE—On June 29th, 1925, at Montreal, Frances May Clarke (Royal Victoria Hospital, 1924), to Robley MacKay.

McKAY—HANNA—On September 2nd, 1925, St. Stephen's Church, Toronto, Agnes Hanna (Toronto General Hospital, 1916), to Dr. Angus McKay.

McKENTY—BEAMISH—On August 27th, 1925, at Montreal, Margaret Beamish (Royal Victoria Hospital, 1918), to Dr. Frank McKenty.

MITCHELL—MADER—On April 7th, at Breslau, Ont., Daisy Mader, R.N. (Kitchener and Waterloo Hospital, 1921), to Fred. Mitchell, of Stratford, Ont.

SHINER—OWEN—Recently, in Detroit, Mich., Doris Owen (Mack Training School, 1922), to Arnold Shiner, of Detroit. Mr. and Mrs. Shiner will make their future home in Detroit.

SONNE — WHELPLY — In August, at Central Greenwich, N.B., the home of the bride's mother, Marjorie, daughter of Mrs. E. D. Whelply, to George H. Sonne, son of Mr. and Mrs. Christopher Sonne, Outremont, Que. Mrs. Sonne is a graduate of Montreal General Hospital (1923.)

STAGG—MANHARD—On September 2nd, at Brockville, Ont., Mildred Dewey Manhard (Grace Hospital, Toronto, 1913), to Francis Ernest Stagg. Mr. and Mrs. Stagg will reside at 357 King St. West, Brockville, Ont.

WESTWELL—WOLFE—On June 25th, 1925, at Galt, Ont., Florence Wolfe, R.N. (Kitchener and Waterloo Hospital, 1920), to James Westwell, of Kitchener.

WITHE—HOSKING—On Saturday, September 5th, Kathleen May Hosking (Hamilton General Hospital) to Dr. P. T. H. Withe, of Hamilton.

WRIGHT—GALILEE—On Monday, September 7th, 1925, at St. Mark's, Wolverhampton, England, Dorothy Lillian Galilee (Toronto General Hospital, 1921), to Roland Lewis Wright, of Wolverhampton.

YOUNG—MACFARLANE—In June, 1925, at London, England, Norma Macfarlane (Royal Victoria Hospital, 1921), to Dr. Arthur Young.

DEATHS

HUBER—On June 6th, 1925, at the Kitchener and Waterloo General Hospital, Idessa Huber, R.N. (St. Catharines General and Marine Hospital, 1909.)

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A correction: The title of the article commencing on page 464 of the September number of "The Canadian Nurse" should have read: "THE PREVENTION OF ENDEMIC GOITRE IN NEW ZEALAND AS OBSERVED BY A PUBLIC HEALTH NURSE."

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